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# HYA YAKA

October - November, 1917



PUBLISHED BY THE STUDENTS OF THE  
ROYAL COLLEGE OF DENTAL SURGEONS  
OF ONTARIO.

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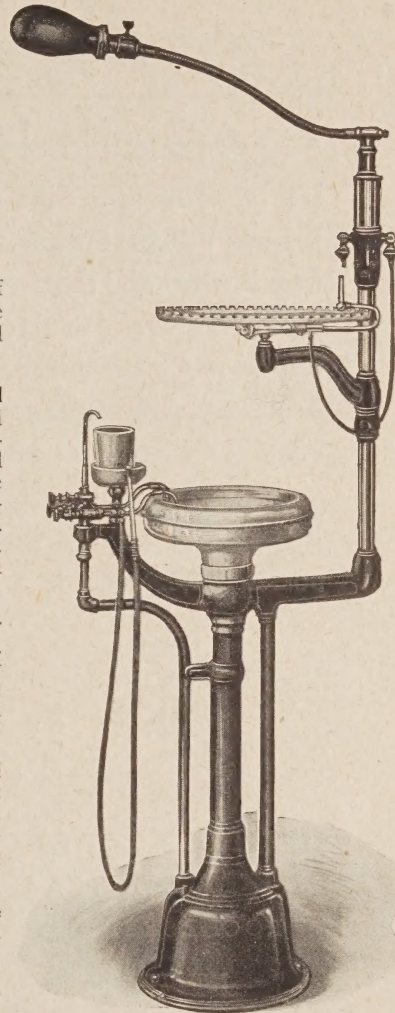
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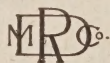
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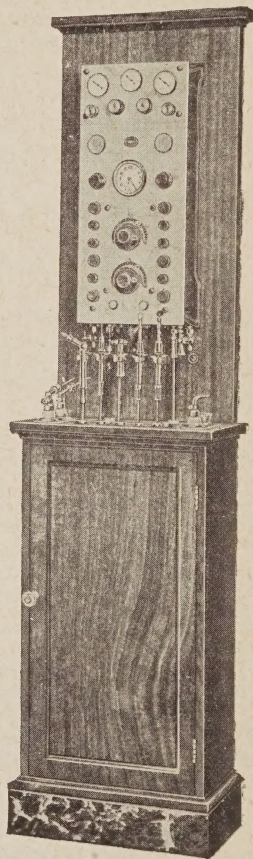


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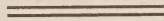




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# HYA YAKA

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OCTOBER - NOVEMBER, 1917

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## A Creed

Diligently train your ideals  
upward towards a summit  
where you will find your  
chiefest pleasure in conduct,  
while contenting you, will  
be sure to confer benefits  
upon your neighbor and  
the community.

Mark Twain





# THE HYA YAKA

VOL. XVII.

TORONTO, OCTOBER-NOVEMBER, 1917

No. 1

## The Relation of the Human Teeth to Physical and Mental Development

A. E. WEBSTER, M.D., D.D.S., TORONTO, CAN.

(Delivered before the Stormont Technical Association, at Cornwall, Ont., Oct. 11th, 1917)

THE dental profession always takes it as a compliment and as a mark of appreciation of the services of dentistry when one of its members is asked to discuss such subjects as the one selected for me to-day. I feel especially complimented, because I look upon the teaching profession as the most important of all organized bodies.

The desire of the public to know more about dentistry is evidenced on every hand. The public desire is reflected in the interest shown by the teaching profession throughout the country. Associated with school organization is to be found the dental inspector, the school nurse, the medical inspector and the dental clinic. It is not in the schools alone where the value of the dentist's services to the state are recognized. The Public Health Department of this province has done much to point out the value of dental services to the state. They have distributed bulletins, charts and dental literature in every part of the province. Moving pictures, addresses, charts and talks on dentistry are only part of the great work going on. Nor is this recognition confined to the province. The army has a large corps of dentists as a distinct organization.

The teeth of the human race have always been of intense interest to the people. The literature of all races teems with interesting references to the appearance, the form, the color, the diseases and the omens connected with the teeth. All of us have noticed the delight with which the first baby tooth is hailed. It is an event in the family of sufficient moment to write letters concerning its arrival to all the near relatives and friends. Its coming has been welcomed in verse and song. Why so much ado about a tooth? It has been recognized for ages that the child whose teeth do not



erupt at the normal time is not well-nourished. It is an indication of faulty feeding or faulty assimilation. Every dentist knows how anxiously mothers enquire about the baby's teeth. Very late development of teeth is an indication that bone development is retarded and defective. Some of our great rulers of the world were very precocious with regard to the eruption of their teeth. It is said that the Czar of Russia had a tooth erupted when he was born, which seemed to produce much satisfaction in the household, but not among the knowing ones, because too early eruption of temporary teeth is mostly an indication of inherited syphilis.

The teeth of all animals are of great interest to the scientist, because he knows that of all parts of the body they are the most enduring. More can be learned about the habits of an animal from one tooth, than from many of the long bones. Its size indicates the size of the animal; its form tells at once the food upon which the animal lived, which in turn, indicates the latitude and altitude of its habitation. Two molar teeth and a part of the lower jaw were found in an excavation in the south of England a few years ago, and from these and one or two of the bones of the head a complete human skeleton was made out, showing that the parts belonged to an early type of the human race. The Piltdown jaw.

The anatomy of the teeth has been the subject of a great deal of study. The study has been so minute that every little mark has been found to have a special meaning. There are two general classes of teeth, those of the herbivorous animals and those of the carnivorous animals. The teeth of flesh-eating animals are long and sharp with many high eminences, while those of the herbivorous animals have large surfaces, with few, if any eminences. These are real mill-stones for grinding grains and vegetables generally, while the sharp ones are for tearing or fighting purposes. The human race and some other animals, have a combination set of teeth, that is, the ones in front are suitable for cutting foods, while those at the corners will tear and crack, and the molars grind.

The form, number and arrangement of the teeth indicate the kind of food the animal lives upon and the kind of mastication that takes place. Meat eating animals gulp their food without any attempt at mastication, while herbivorous animals chew and chew before swallowing. A great many of them are provided with a second chance at mastication, or chew their cud.

Many people complain when their teeth have failed so that they cannot chew meat well, but make no complaint of not being able



to masticate farinaceous foods. From observation of other animals one is compelled to reach the conclusion that it makes little difference whether meats are masticated or not, but on the other hand it is of vital importance that such foods as contain starches and sugars should be masticated and triturated, so that the tylin of the saliva may become thoroughly mixed with the food to bring about the first step in digestion.

Mothers, nurses, and even physicians, often recommend feeding babies starchy foods in abundance long before there is a tooth present of such a form that could possibly masticate a starch. When a baby has but a few teeth in the front of the mouth, only such foods as may be prepared for digestion by biting and sucking should be allowed.

It has long been recognized that the teeth not only indicate the character and habits of the animal, but also many of the stages through which the animal has developed in coming to its present state.

Any part of an animal which is of much consequence to the animal is always highly specialized and prone to influences which may cause disease, and, besides this, its course of development seems to have a more profound influence on the vitality of the body. Hence the development of the human teeth seems to be fraught with much disturbance. Mothers are in the habit of laying every crying spell and every attack of indigestion or diarrhœa to teething. Not all such attacks have anything to do with the teeth, but there are a number of disturbances which have their origin directly in the eruption of the teeth. There is a class of nervous disturbances which are supposed to come from pressure on the nerves of the jaws. The child does not recognize any direct pain, but nevertheless the irritation has its effect on the nervous system, which, in turn, reduces the power of the organs of the body to perform their ordinary functions. Hence the indigestion and diarrhœa of teething.

There are certain crucial periods in child development which seem to run concurrently with the active periods of tooth development. The pre-natal period is said by physiologists to be the time when the foundation of the nervous system and the mental calibre are provided for. Any failure at this time can never be overcome by schools for the feeble-minded or asylums for imbeciles. It is worthy of note that all of the teeth of both the deciduous and permanent sets are begun before birth; not only that, but all the

deciduous ones have been almost completely formed, and many of the permanent well on the way.

The next critical period is during the first two years of child life. This is the period of greatest mental development, and hence the greatest possibility for disturbances. All the deciduous teeth are erupted, and the most of the permanent ones are prepared for eruption.

The period from seven to twelve years is one of physical and mental activity; a period of lasting impression. It is during this period that children get the most of their school education. It is also a fact that it is during this period that acute infectious diseases have full sway. Dental caries is a disease of childhood, and especially of this period. All of the temporary teeth are lost, and the greater number of the perfect ones erupted. If teachers and others would appreciate all of these happenings in child life at this time, there would be fewer nervous wrecks in sanatoria and hospitals in this country. These are momentous years in child life. If there is a disturbance of the nervous organization at this period, physical and mental progress fails, not only for now, but for hereafter, because failure to develop now cannot be overtaken later, except to a limited extent. Whatever disturbs the nervous equilibrium disturbs everything else.

Any violence done to the senses or the emotions or appetites, disturb the normal functions of the organs of the body. A child which is disturbed by fear, pain, passion or pastry cannot give attention to any of the things which tend to mental and physical development. Disturbances of the senses and the emotions are at first conscious, and when borne for a time become subconscious, but are none the less effective in producing baneful results. It is a notable fact that in countries where there is an excessive amount of sunlight, the people are more likely to suffer from nervous disturbances. It is during clear, bright weather that most suicides occur. Such people are not conscious of any pain or disturbances because of the excessive light. Excessive light may be quite as effective for evil as too little.

Children who suffer actual pain get sympathy from parents, teachers and friends, but those who suffer from subconscious irritation get no sympathy, in fact, when they begin to act in a way out of harmony with other children and the rules of the school, they are said to be bad. They are irritable, they know not why, they seek a diversion which will gain their attention. The child



who sits in a poor seat and becomes bent up, at first may know what has made him tired, but later he forgets the cause and just becomes irritable. Everyone has felt the pinch of the ill-fitting shoe, and noted how after a time he thought less and less of it until during the greater part of the day, during the stress of other things, it was forgotten, only to be doubly reminded as time was given for reflection as the evening came. It cannot be argued that because there was no consciousness of pain during the day, that the nervous system was not being exhausted just the same.

Every disturbing element about the school is a menace to child development. Every bodily irritation has its effect sooner or later. The truant, the incorrigible, the criminal, the epileptic, and the lunatic, might very rightly charge those who cared for them during these years with their misfortune. All will agree that the child suffering from acute toothache cannot give attention to studies, but how many teachers seriously examine into the causes of inattention when there is no outward and visible sign of irritation. No pain remains acute for a long period. Sooner or later it becomes sub-acute or chronic, and not brought into the consciousness of the sufferer, but is none the less destructive of physical or mental development.

There is abundance of proof that children who complained of no bodily pain, but were listless and backward at school, perhaps truants or incorrigibles, have been raised in efficiency by removing all sources of irritation and infection from the mouth. During this period of child life, teeth are being lost and new ones erupting. If for any reason a tooth fails to get free to erupt, there may be pressure on nerves which will cause epilepsy or insanity. Dr. Upson, of Cleveland, has made many marvelous cures of insanity by removing impacted teeth.

During the loss of the temporary teeth and the eruption of the permanent ones, there is always more or less irritation and infection around the gums; besides this, there are cavities of decay, perhaps, and many irregular spaces where food may lodge and decay. Such an unhealthy condition interferes with mastication and tends to develop bad habits of preparing food for the stomach. In such unsanitary places about the mouth may be harbored the disease germs of the acute infectious diseases of childhood. It has been proven beyond doubt that scarlet fever is so carried and distributed. There is evidence that mumps, measles, whooping-cough, chicken pox, chorea, influenza, acute rheumatism, are so transmitted. Given

a child with many decayed teeth and sore gums recovering from scarlet fever, and the common drinking cup and the roller towel, and the germs will do the rest.

The least of the evils of decayed teeth is the direct acute pain caused, but of far more subtle consequence is the effect on the mental and physical development through subconscious irritation from infection direct and its remote consequences.

The third important period of the child is that of puberty. The dentist is not especially interested in this period except for disturbances which may occur from erupting wisdom teeth. These are often among the most distressing dental disturbances. Young patients often suffer for months with the most obscure symptoms not infrequently attributed to puberty, which have their origin in an impacted tooth. Such patients may lose their reason with no visible evidence of anything wrong about the mouth. As civilization progresses there is evidence that there will be an increase of nervous systemic disease from the teeth, because there is likely to be increasing disturbances from pressure because of the gradual reduction in the size of the jaws on the one hand, and the greater prevalence of dental caries, and its consequences, on the other.

In view of this aspect of the dental question and its importance to child development, not to mention the many other features that might be discussed, what may the teacher do to mitigate the evils? In many cases the teacher is the only one of those interested in a child who has sufficient knowledge to recognize the lack of mental and physical progress. She may inform the parent, where there is no nurse or medical or dental inspection. The parent may consult his physician or dentist on the suggestion of the teacher. Sometimes even a casual observation of the mouth will reveal a condition far from hygienic.

The most important thing a teacher can do is to help to awaken an interest in the subject among the people, because it is only when they are interested that boards of education will act. A sympathetic co-operation with school nurses and medical and dental officers where such are appointed is of the greatest value. Teachers would find the bulletins on dental subjects sent out by dental organizations and the Department of Public Health far more interesting reading than similar matter on other subjects. The study of the ills of life and their treatment are interesting to a large number of people, even if it is of no commercial value.



## Gold! Gold! Gold!

BY E. V. HUMPHREYS.

Lost! Rare opportunities to become millionaires, by those who did not hear Justice Craig speak on "The Klondyke Gold Rush," at the Big "T" mixer at the Central Y.M.C.A., Wednesday, November 8th.

After doing away with a good dinner, and , maybe the Dental Table didn't "wade in," also the writer knows it pays to wait on tables when it comes to a double helping. Mr. Boyd, '17, entertaining on the piano a few minutes, and Pres. Falconer giving a few instructive words. We listened to one of the most interesting talks heard in a long time.

Justice Craig is a pioneer judge who went to the Yukon to restore law among the gold mad men. He took us along the trail, hundreds of miles, then over the mountains of the Yukon and down the Yukon River to Dawson City, and thence to the valleys of yellow metal that drive men mad. He carried us up the bed of the creek and showed us how they washed the yellow nuggets out of the gravel and sand in the bottom, and out of the first pan of sand we got five dollars worth of gold. Everywhere men had staked out a claim and were digging for the precious metal. There were men of all classes, rich, poor, educated and uneducated, all after gold. We were beginning to get the fever, for we went from there to find the great mother source in the mountains where all those rich creeks came from, but being unable to find it we had to content ourselves with the average earnings of the miner and returned to the crowd. At the end of our day's work we went down to Dawson, the city of lights, dance halls, saloons and display where men value gold as much as we value dirt. We walked along behind a man in the street with a belt of gold nuggets 4 inches wide. We saw men paying twenty-five dollars a pint for champagne. We saw a man who chained for a Government Survey party, he came to an unclaimed piece of land, dropped his chain, started a claim of sixty-five feet and the first season he took out one and a half million dollars worth of gold. We saw another called Charlie, who had made his pile and was on his way home; a couple of sharks got him drunk sold him a useless claim that they had dug four holes in to no effect. Next morning when Charlie was sober he begged them to give him back even half his money but no they wouldn't.

"Well," Charlie said, "Me guess I'll have ter go back and get some more." So back he goes to the useless claim. Charlie saw the four holes they had dug and dug another midway between the four and struck a vein of gold with riches unknown and he blows it all in up there in Dawson City from day to day. We saw other, lots of them, but it would take too long to tell all our experiences.

Then, there was silence, someone commenced to clap and we found we wern't in the Yukon at all but at the Central Y. "T" Mixer, listening to Justice Craig.

Don't miss the next one boys. There will be a "T" Mixer every Wednesday for six consecutive weeks before Xmas and five after.

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## The Dance

BY E. V. HUMPHREYS.

The At Home Committee was pleased to see such a good turn out at the first Informal Dance of this session, held in the College Building. All the years were represented even to the Freshmen, which indicates that we can expect many more of them at the dances to come, this having been the first and they having the largest class the R.C.D.S. has ever known.

Dancing commences about 8:45. The hall was well decorated and the floor was in good condition which had a pleasing influence on the smiling, happy company who at the end of each dance indulged freely in the lemonade until the supply was exhausted, when, buttons and the doorkeeper were free to dance together.

Strathdee's Orchestra provided good music and many encores, and the dance closed with "God Save the King," soon after twelve, with everyone happy and satisfied.

We would like to see a good turn out from all years to the dances to make them a success as well as great source of entertainment and association through college life.

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"Daughter," called the father from the top of the stairs at the late hour of 11.55 P.M., "Doesn't that young man know how to say goodnight?"

"Does he!" echoed the young lady in the darkened hall, "Well, I should say he does."



# THE HYA YAKA

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OF DENTAL SURGEONS OF ONTARIO.

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VOL. XVII.

OCTOBER - NOVEMBER, 1917

No. 1

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## Notes and Comment

Quite an excitement was caused at the R.C.D.S. Friday afternoon when a fire broke out in the chemical laboratory. The street was lined with fire extinguishing apparatus, etc., before half the students were aware that there was such a thing as a blaze going on. Some ran down the stairs with a plaster bowl in one hand and a set of teeth in the other. Others followed carrying whatever they were using last, but one thing that was noticed in particular was the coolness of the freshettes who merely leaned out the Freshmen Laboratory windows and enquired whether it was serious enough to cause them to discontinue their work or not. On being told no they calmly went back to proceed with their labors. The policemen controlled the crowds who gathered around, perfectly. No doubt the usual warnings that the walls might collapse any moment had a good deal to do with keeping them back. However, a funny coincidence did happen. Two policemen were standing under a laboratory window when a bucket of water which was on the sill accidentally tipped over making both of them uncomfortably wet. The policemen thinking they were victims of some tomfoolery rushed up the corridors trying to locate the rogue, but strange to say they met with little satisfaction and it is not known yet exactly who set that pail of water in the window.

## Annual Freshman Reception

The annual Freshmen reception given by the college Y.M.C.A., was held in the Assembly hall on Friday, October 28th.

All years made a good showing.

Owing to the unavoidable absence of Dr. Webster, Boyd, '18, acted as chairman. Mr Boyd opened the meeting by calling for the "Varsity Yell," followed by the Hya Yaka Yell, and the various year Yells. Mr. Sine was then called on for a solo, and Mr. Couture followed with a violin solo.

The chairman then called on Dr Seccombe and congratulated the latter on the birth of a son. That all assembled joined in this congratulation was evident from the storm of applause and cheers that greeted it.

Dr Seccombe opened his remarks by extendnig welcome to the Freshmen, and inviting all present to join in the activities of the Y.M.C.A. Dr. Seccombe claims that the Y.M.C.A has done more towards providing comforts for the boys at the front than any other single organization and therefore deserves the support of every man.

Several musical numbers followed and the main speaker of the evening, Contrroller Cameron, was called on. He spoke on no fixed topic. Yet his address was interesting and instructive. It was a real "talk," with advice implied in every word. The key note of his talk was "Service."

Miss Florence Good recited, and she was good.

The representatives of the "At Home," "Students' Parliament," and the various years, were then called on. Barry, '18, Editor-in-Chief of the Hya Kaka, welcomed the Freshmen, and gave a very interesting talk on "Experience in Egypt, Cairo, etc.," while a member of the C.A.D.C.

Dr. Wilmott, faculty representative, welcomed the Freshmen, and spoke briefly.

Dr. Fisk, D.D.S., a last year's graduate and former Editor-in-Chief of the Hya Yaka, was called on for a piano solo. A violin solo by Couture, '19, closed the program.

Refreshments were served by the Y.M.C.A. executive.

"God Save the King" was sung by all present and as they wended their way home, the clock in the main hall showing that there was just about eight and a half hours left before the next 8.30 lecture.



## Class Election

The Class Election of the Special Sophomore Class was not held until Friday afternoon, November 30. By reason of its late arrival and the consequent confusion it was thought advisable to leave the election until this late date.

The results of the election is as follows:

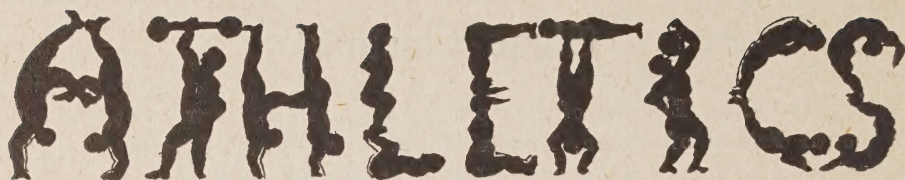
President—G. A. Gemervy.  
Vice-Pres.—L. E. MacLachlan.  
Sec.-Treasurer—J. R. MacLachlan.  
Vice-Chairman—D. A. Watson.  
Member-at-Home—G. L. Frawley.  
Soccer—H. J. Caulfield (Accl.)  
Hya Yaka—G. A. Morton.  
Varsity—R. McLaughlin.  
R.D.S.—R. W. Bradley.  
Y.M.C.A.—G. Stewart.  
Hockey—F. D. McClure.  
Honour Roll—G. S. Mallet, G. Stewart (Accl.)

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## Awarded Military Medal

Gunner Victor D. Speer, son of Rev. Dr. J. C. Speer, 255 Westmoreland Avenue, has been awarded the Military Medal for gallantry on the field of battle. Gunner Speer went overseas with a battery of Canadian Field Artillery, and has been on the western front since the winter of last year. He fought at Vimy Ridge. Before enlisting he was attending the Ontario Dental College.

Congratulations, "Vic. old boy!" Dents always make good.



### DENTS WIN OPENING MULOCK CUP GAME

Rugby season opened with a victory for Dents when they defeated Jr. Meds at the Varsity Stadium on Wednesday, Nov. 7.

The game was delayed in starting but finally Jimmy Stewart got the teams in action.

Dents won the toss and decided to kick with the wind. Meds kicked off. Soon Dents got possession of the ball at the 50 yard line and by a series of bucks worked their way to Meds 5 yard line and finally Long went over for a try which was converted by Edwards. Meds got busy and by some pretty work were able to drop a field goal. This ended the scoring for the first quarter. Dents 6, Jr. Meds 3.

Without a moment's rest the teams started the second quarter. Play was more even this period. During the heated contest several players forgot the game and started to display their pugnacious ability, but this was prohibited by referee Stewart. Period ended with Dents obtaining a kick over the dead line for one point. Dents 7, Jr. Meds 3.

Play was resumed after a short rest and again Dents' superior weight came to their aid, when Long went over for another try. This was again converted by Edwards, being neatly done, as the ball was kicked from the side. Meds rushed things for a while but Dents secured the ball for interference and started a kicking game. McLaurin gathered in a loose ball and went over for a try, but was called back for interference. The period ended after each team had punted over the dead line for one point. Dents 14, Jr. Meds 4.

Darkness was fast approaching when the last quarter was started. Play became very strenuous. On an attempted kick by Dents the ball was blocked and a Med player raced toward Dents' goal having an open field. "Fat Long," by some clever sprinting, caught his man from behind and saved a sure touch. Play ended with Meds in possession of the ball at Dents' 10 yard line. Dents 14, Jr. Meds 4.



Flying wing, MacLaurin; Right half back, Griffin; Centre half back, McGowan; Left half back, Edwards; Quarter back, Roberts; Centre scrim., Butler; Right scrim., Fraser; Left scrim., Bell; Right inside wing, Ferguson; Left inside wing, Graham; Right middle, McLaughlin; Left middle, Long; Right outside, Lettelier; Left outside, Staples (Capt.). Spares: Stone, Gaunton, Lajoie.

Referee—J. Stewart.

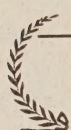

#### Comments.

Stone who substituted for McGowan at half back showed great ability as a punter.


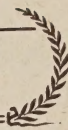
Roberts' work at quarter was exceptionally good.

"Fat" Long was a tower of strength to Dents' line and accounted for most of the points.



# MIRTH

Dr Paul has begun a prayer meeting in the Extraction room, to meet every Wednesday and Friday, the first of which took place Wednesday, Nov. 7th, when a patient under gas sang four verses of "Abide with me," without a mistake.

---

To Colonel, "Sir, I dun want to join the Army."

Colonel—What branch, Cavalry or Infantry?"

"What's the difference Sir?"

Colonel—"Well, in the Cavalry you have a horse to ride on, and in the Infantry you have to go on foot."

"Well Sar, when they sound that word retreat I don't want to be bothered with no hoss."

---

Seniors were born for things that are great,

Juniors for things that are small,

But no one really seems to know

Why the Freshmen were born at all.

---

The freshies are usually pretty green when come to college, but this one beats them all. Big Mac '19, was taken down town some three years ago, along with some other freshies. During the evening they visited a hotel. After watching a brawl for sometime Mac turn to the barkeeper and asks, "Say is this a private scrap or can anyone get in on it."

---

McGowan, Hya Yaka Bus. Manager, has his motto out for this year. "Early to bed and early to rise, Work like H——, make 'em advertise."



Charles Stone, the big boy of '21, gazes at the C.P.R. building and exclaims, "They must be the continued stories the folks at home talk about."

---

Shaffer (with fly on his hand) "Look MacGowan, what's this?"  
McGowan—"That's a horse-fly." Shaffer—"I'm not a horse."  
McGowan—"You don't look like one to me, but it hard to fool the fly."

Parr—"Come on to Gayety to-night." Lebbiter—"No, I can't, I'm going to a wedding." Parr—"Who's being married?" Lebbiter—"I don't know, I just found an invitation."

---

Senior: "Do you know Stew Burns?"

Miss Harron: "No."

Senior: "Well, it does."

---

Heffering, '21: "My, you are bald."

Gott '21: "That's where I shine."

---

Shortreed, '19: "They are laying for you."

Lavine, '19: "Who?"

Shortreed, '19: "The hens."

---

Dr. Wilmot (to Boyd, 18, who tried to get a glimpse at an article the Dr. was reading in a newspaper), "Dr Wilmot there is not much in your head but I can't see thru it anyway."

---

At Rose Cafe. O'leary, 19: "Do you eat here all the time?"

Hoatham, 19: "No, only at meal times."

---

Davidovich, '21: "I shall not marry a woman unless she is my exact opposite."

Miss Barber, '20: "You will find it hard to find anyone so perfect."

Freshie: "Where is across the street?"

Soph: "Why, over there on the other side."

Freshie: "That's queer, I was just there and that fellow with the brass buttons and funny hat (policeman) told me it was right here."

---

Who is that junior who thought the fire in the chemical lab. of such a severe nature that he took his engine and instrument case out of the building.

His motto is evidently "Safety First," but is this the proper thing to do for a student when he learns that the college is on fire?

One young fellow of the same year rather rushed all over the building to hunt up a fire extinguisher. He showed better spirit.

---

It has just come to our attention that two members of the Soph. class have been complaining to Dr. Seccombe that the sidewalks in Toronto are too close to their heads, and they get a cold on rainy days.

Are there no sidewalks in Kingston, and if there are, how did they get along there.

---

Davitowitch: "Boys, don't you think I should have my voice cultivated."

Whyte: "I certainly think you should have something done for it."

---

An officer wearing a Victoria Cross had just returned from the France and was visiting a large farm. In looking it over he came to the barns where a strong looking young man was engaged in milking a cow.

"Young man," said he, "Why are you not at the front?"

The young fellow looked him innocently in the face and replied: "Because I wouldn't get any milk there."



## LITANY OF THE TRENCHES.

Regarding this war, you are mobilized or not mobilized.  
If you are not mobilized there is nothing to worry about.  
If you are mobilized you have two alternatives:  
Either you are at the front or in the reserves.  
If you are in the reserves there is nothing to worry about.  
If you are at the front you still have two alternatives:  
Either you get hurt or you don't get hurt.  
If you don't get hurt there is nothing to worry about.  
If you do get hurt you still have two alternatives:  
Either you get slightly hurt or seriously wounded.  
If you get slightly hurt there is nothing to worry about.  
If you get seriously wounded you have two alternatives:  
Either you recover or you don't recover.  
If you recover there is nothing to worry about.  
If you don't recover—Well—you **can't** worry.

---

When he asked her to marry him

She said, "Go to Father."

She knew that he knew her father was dead,

She knew that he knew the life he had led,

She knew that he knew what she meant when she said,

"Go to Father."

---

The new doctor had just hit town, rented an office and hung out his sign. It read thus, "A. Swindler, Dentist." A stranger called in for consultation and said, "My goodness, man, look at that bally sign. See how it reads. Put in your first name—Ambrose, Alexander, or whatever it is."

"Not this week old chap. I left the last town because I did that."

"Why?" asked the client, "What's your name?"

"Just, 'Adam'."

---

Barry: "Are you an Army Reject?"      Regnier: (Not yet.)

## World's Medical and Dental Combine!

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Get one of our "Electro-Humburgo Liver Pads," and live for a Century.

Get one of our "Cobble-Stone Chewer" Sets of Teeth. They bite, you bet.

\$10.00 sets for \$5.00.

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\$3.00 sets gratis, with a Free Lunch.

Teeth and Corns Extracted with Musical Accompaniment.  
Only SACRED MUSIC with extractions an SUNDAYS!

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Old sets of Deceased (or Diseased) friends sterilized, and made to fit all comers.

We bury free those who do not survive our treatment. During the College session we compound for corpse—light weights preferred.

We keep open ALL NIGHT for those who are ashamed to be seen coming to us in day-time. We do most of our business at night.

To meet the demands of busy men our Experts will fill or pull your teeth on the cars.

We do not charge for advice, examination, etc., as we give you the worth of your money.

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Your Boots polished while you are having your "Teeth Fixed." Second-hand Clothing taken in exchange for our Sets of Teeth. Our Artificial Teeth are always ahead of your natural Teeth, because you can put them in your pocket when you're sick, pawn them at your "Uncle's," raffle them, wager them, play poker with them, or lend them to a toothless friend.

We rent our \$3.49 sets (sterilized each change) for 50 cents a night. Hire one of our "Perfection" sets when you go to mash your girl, or a tough steak.



## THE HYA YAKA

Let me live in a house by the side of the road  
 Where the race of men go by,  
 They are good, they are bad,  
 They are weak, they are strong,  
 Wise, Foolish—so am I.  
 Then why should one sit in the scorner's seat  
 Or hurl the cynic's ban?  
 Let me live in a house by the side of the road,  
 And be a friend to man.  
 I see from my house by the side of the road,  
 By the side of the highway of life,  
 The men that press on with the ardor of hope,  
 And the men that are faint in the strife;  
 And I turn not away from their smiles or their tears,  
 Both parts of an infinite plan,  
 Let me live in a house by the side of the road  
 And be a friend to man.

Foss.

---

C. Stewart: '19: "Do you call these pork chops?"  
 Waiter at the Rose: "Can't you tell by the taste, kid?"  
 C. Stewart: "Naw."  
 Waiter: "What's it matter then what they're called."

---

She: "Very well, if you are afraid to ask father for me, we will consider our engagement at an end."

Daryaw: "Thanks, you know I was only afraid that you might be disagreeable about it."

---

FOR SALE—Human skull, a great help in studying anatomy, especially to Sophs. Apply Box 328, R.C.D.S.



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 Allen & Rollaston, Dental Laboratory, 2 College St.  
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 Dental Trading Co., 237 College St.  
 Goldsmith Bros., 24 Adelaide St. West.  
 Ingram & Bell, 256 McCaul St.  
 Ritter Dental Mfg. Co., Rochester, N.Y.  
 Temple, Pattison Co., Ltd., 243 College St.  
 White, S. S., Dental Mfg. Co., College St.  
 Sanders Dental Supply Co., Spadina and College Sts.

### Drugs—

Ferrier, Geo. W., 233 College St.  
 Parke, Davis & Co.

**Gents' Furnishings**—Walker, G. Hawley, Ltd., 126-8 Yonge St.

**Operating Coats**—Miller Mfg. Co., 44-46 York St.

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### Sporting Goods—

Brotherton, John, 578 Yonge St.  
 McBride, Percy A., 343-5 Yonge St.

### Tailors—

Austen & Workman, 431 Spadina Ave.  
 Crown Tailoring Co., 533 College St.  
 Walker, G. Hawley, Ltd., 126-8 Yonge St.

### Miscellaneous—

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 Parke, Davis & Co.

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HOCKEY STICKS, SKATES and BOOTS  
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10% discount given to Students

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Students' Note Books  
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and  
Society  
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D. Rollaston, B. 1770

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Jaws

McAINSH & CO., Limited  
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class if desired. The latest  
steps at moderate charges.

STUDIO—78 St. Albans St.

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Principal.

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High-Class  
Portraiture

**Photographers**

Exclusive Frames  
and Framing

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From Your Shabby Clothes?  
YOU

### Get Your Diploma

as a Well Dressed Man, if you  
have your Clothes Cleaned  
and Pressed at the

## "SUIT" CASE

The Spotless Cleaners

Coll. 5644

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All Parts of the City.

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That Fit Nice, Look Nice, and Stay that way



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Prices from \$1.25 to \$6.00 each, the best value and bearing the Miller guarantee, the strongest there is of perfection in style and make.

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*The Old Reliable Coat House*

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Six Chairs—No Waiting. Shoe Shine  
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Established 40 Years

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**UNIFORMS**

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Be the first to wear the season's novelties—

(The Marmon a 2½ inch cut away)

(The Simplex a straight front)

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SWEATER COATS

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Adrenalin in Dentistry  
Alkathymol  
A Study in Dental Anesthesia  
Borol  
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Cresylone  
Dentalone  
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**PARKE, DAVIS & Co.**

*Manufacturing Chemists*  
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- 2—To provide tooth brushes which are suitable for all conditions.
- 3—To disseminate dental education.
- 4—To do acts of charity.

Of the two objects of the Association, the first two provide money to carry out the second two.

Examine the HUTAX preparations, be convinced, then recommend them, and assist in the good work.

Obtainable from any  
druggist or from the

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726 Markham Street

Hon. Sec., A. J. BROUGHTON, D.D.S.  
305 Markham Street, Toronto, Canada

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and sold by us to Royal College  
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order by phone or mail  
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256 McCaul Street  
TORONTO

*Order as D. 110.*

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Highest Class

MILITARY & CIVILIAN

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We carry **QUALITY** Dental Supplies at **reasonable**  
prices.

Look for this Trade Mark



It Stands for Quality

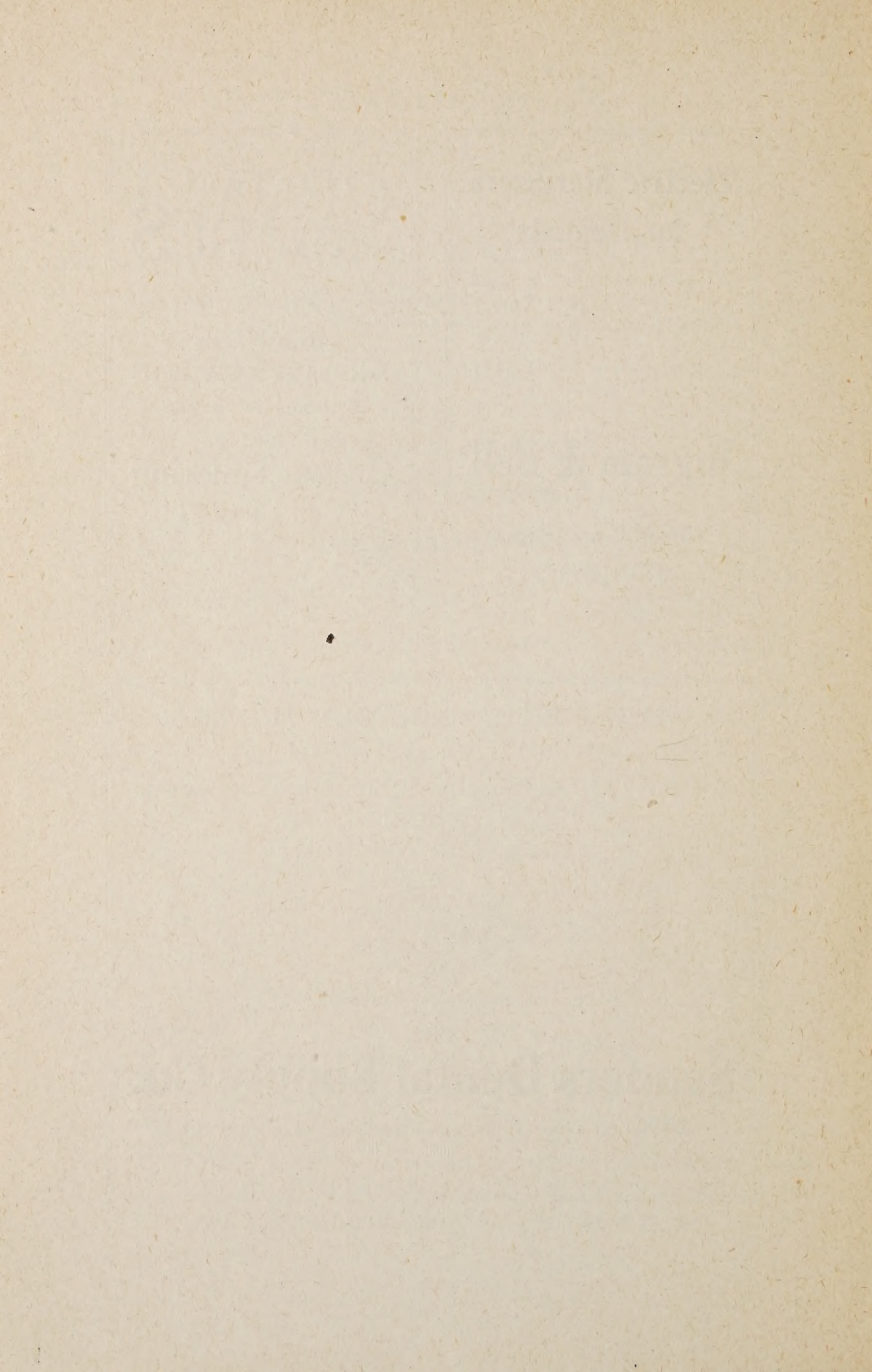
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**Sanders Dental Supply Co.**

Dominion Bank Chambers, Spadina and College St.

Walk around the corner—It pays.

TORONTO.

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TO BE OF SERVICE MUST BE  
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EVERYTHING YOU NEED TO START  
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AND LET US TALK THE MATTER OVER  
WITH YOU.

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**The Dental Company**  
OF CANADA, LIMITED

**229 College Street - Toronto**

Phones Coll. 6929 and 6930.

New Birk's Bldg., Montreal  
Booth Bldg., - Ottawa



*The* V.17(2)  
HYA YAKA

December 1917, January 1918



PUBLISHED BY THE STUDENTS OF THE  
ROYAL COLLEGE OF DENTAL SURGEONS  
OF ONTARIO.

THE ONLY PLAUSIBLE REASON FOR  
A MANUFACTURER NOT STAMPING  
HIS NAME OR TRADE-MARK ON HIS  
INSTRUMENTS IS THAT HE IS ASHAMED  
OF THEM.

¶ EVERY INSTRUMENT WE SELL BEARS  
THE MAKERS' NAME. HE IS PROUD OF  
HIS PRODUCT, AND IT CARRIES WITH  
IT A TWO-FOLD GUARANTEE, HIS AND  
OURS.

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Our policy has always been  
**QUALITY      SERVICE**  
**COURTESY**

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**Co., Limited**

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*"Every blow that's needed"*

CONVENIENT SIZE—LIGHT  
WEIGHT—DENSE BLOW—  
WIDE RANGE OF ACTION

So light and well balanced is this mallet that you can guide and direct it with the minimum of effort, and put into operation that individual touch which means so much in gold work.

Its working parts are central and circular. The bearing points change with each stroke, distributing instead of concentrating the wear and assuring the mallet long life.

The operator has at his command a mallet with both direct and back action, that delivers blows of any strength, from the lightest touch to the heaviest impact required in condensing gold.

Price - - - - - \$12.00

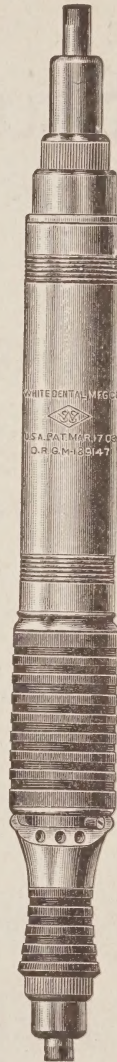
Our Operative Instrument Catalogue fully describes the S. S. White Automatic Mallet. We will gladly mail a copy to you upon request.

*For Sale by Dental Dealers*

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Full supply of Sophomore and  
Junior Instruments



Best discounts given.

## DENTAL TRADING Co.

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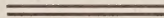
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OF DENTAL INSTRUMENTS  
AND SUPPLIES

Before purchasing call and obtain  
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and guarantee everything.



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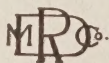


COLUMBIA



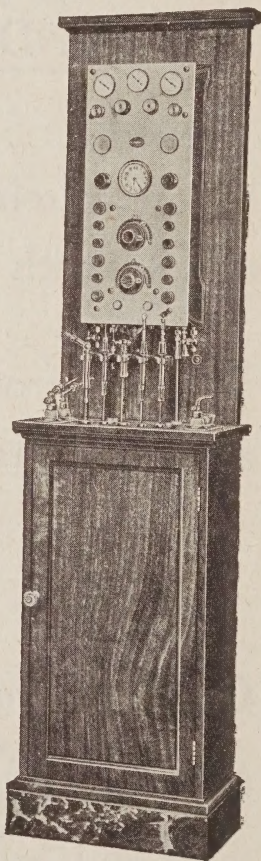
## A Columbia Distributing Panel

lends tone and dignity to any office; eliminates practically all that part of operative dentistry which has been termed a drudgery; enables the operator to do a greater variety of better work in less time than has been possible heretofore.



THE RITTER  
DENTAL MFG. CO.  
ROCHESTER, N. Y.

PHILADELPHIA  
CHICAGO NEW YORK





# HYA YAKA

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**SIGNALLER HILLMAN SNELL**

Son of Mr. and Mrs. Alfred Snell, Wellington St. West, recently awarded a Military Medal. He is attached to an artillery unit in France. Signaller Snell was formerly a member of class '19, R.C.D.S.



# THE HYA YAKA

VOL. XVII.

TORONTO, DECEMBER 1917, JANUARY 1918

No. 2

## A Consideration of Present Tendencies in Dentistry

By C. N. Johnson, M.A., L.D.S., D.D.S., Chicago, Ill.

(Read before the Dental Society of the State of New York, at its annual meeting at Albany, May 13th, 1915.)

This paper is not intended as an effort to harness enthusiasm or to put a brake on progress. It is merely an invitation to the thinking men of the profession—possibly it might be better to extend the invitation to the unthinking men in the profession—to consider somewhat carefully certain tendencies which seem particularly apparent at the present time, and which your essayist believes would be the better for a rather rigid and unbiased interpretation.

### Analgesia.

A year ago I had the honor of standing on this floor, and remarking in a discussion of the splendid report of your Correspondent that the practice of analgesia with nitrous oxid and oxygen did not appeal to me as a routine and regular method of procedure in filling teeth. In taking this position I found myself opposed to the opinion of some men prominent in the profession, and for whom personally I had a very high regard; but I take it that it should be a tenet of every man's professional faith that in the discussion of scientific subjects the matter of person predilection should not be permitted to dominate a man's expression of opinion. What I thought of anagesia then I still think of it, and it may not be amiss for me to venture on a brief explanation of the reasons why I am in a measure opposed to it. I say advisedly "in a measure," because I would not have it inferred that I am sufficiently hidebound in my convictions that I fail utterly to see any virtue in a method which has for its aim the amelioration of suffering during dental operations. I will go even further, and admit that there may be

some cases which cannot be so successfully controlled by any other means as by analgesia. And yet to my mind these are only the exceptions which prove the rule, and these exceptions do not in any measure alter my conviction that the general introduction of analgesia for the ordinary operation which we perform each day, such as cavity preparation, trimming roots for crown, etc., would do infinitely more harm than good.

My reasons for making this statement are based on several considerations: (1) The impracticability of the process—a charge which I have never before seen made against it; (2) the possible detrimental effects on the patient; (3) the danger of approaching too close to the pulp in cavity preparation, and (4) its demoralizing influence upon the stamina of the patient.

As to its impracticability, it is only necessary to note the fact that many of the operators, it is quite safe to say, who took it up most enthusiastically in the beginning, use it less and less as time elapses. The chief reason for this must be that it is not practical; that it has certain limitations which interfere with its successful operation. After these years of testing-out, if it were practicable it would be used more to-day instead of less. There is something wrong with a method of practice which steadily loses ground after the crucial test of experience.

Its possible detrimental effect on the patient may be manifested in various ways. When patients are kept partially under the influence of an anesthetic for a sufficient time to permit of cavity preparation or similar operations, and when this is done as routine practice, it is difficult to estimate the injury that may result. To say nothing of the headaches which are frequently complained of by the patient, there is another factor not usually considered, but which is really worthy of some attention, viz., the possible effect on those patients whose blood pressure is high, many of whom are not aware of this condition till something serious has happened. It is not well to cry "Wolf, wolf!" at the suggestion of every new method of practice, and yet with a thing as radical as analgesia the operator should proceed with great caution lest he permanently injure his patient.

The danger of approaching too near a pulp in cavity preparation is not a fanciful one, as has been demonstrated in several instances which have come under the writer's observation. I have seen at least two cases where pulps were needlessly exposed under



analgesia, in each of which it was found necessary to remove the filling on account of pain, only to find the pulp dying. These were both in cases where cavities were so small that there would have been no exposure if analgesia had not been used. This cannot be considered desirable practice.

Another unfortunate feature of analgesia is that it caters to the dependence and lack of stamina of the patient. I do not by any means argue for the infliction of pain to develop courage on the part of the individual. But I do assert that in most of the routine work of dentistry the pain need not be so great that it works an injury to the patient or calls for a systemic numbing of the nerves, and that the lure of this practice held out to people will in many instances tend to minimize their self-control, and unfit them for meeting some of the other emergencies of life when they are thrust upon them. If we could insure every individual that he would never be called upon to endure hardship of any sort there might be some justification for humoring his every whim, but this is against all human experience, and the pampering of people beyond a reasonable limit demoralizing in every way. I am aware that I shall be misunderstood, and mayhap misquoted in venturing this statement, and so I must hasten to make it clear that I am an advocate of the utmost consideration and kindness in the treatment of people when they are obliged to encounter disagreeable experience such as the performance of dental operations. Indeed, my chief contention is that there has not been sufficient consideration and kindness in the past, a fact which in part is accountable for much of the dread of the dental chair. Had dentists always been considerate, careful and skilful, there never would have been any demand for such a practice as analgesia for filling teeth, and my advice to the dentist of to-day is to go back to the old-fashioned tenet represented by pains-taking care, kindness and delicacy of manipulation. If he will couple these with a constant study of human nature, he will meet all the contingencies of everyday practice without resort to so radical procedure as analgesia.

### Prophylaxis.

In considering the tendencies of the day it may be well to refer briefly to the method of practice so extensively known as "prophylaxis." The very name appeals to one as a most commendable thing in dentistry. To prevent disease is more laudable always than to cure it, and our chief efforts should be centered in this di-



rection. But in his wildest day-dreams the man who first called attention to this practice, Dr. D. D. Smith of Philadelphia, never imagined the extent to which it was to be carried by some practitioners. To conscientiously remove deposits from the teeth and polish the surfaces smooth and bright where they have become stained and roughened is a legitimate and altogether worthy method of practice; to stimulate patients to better care of the teeth, and to have constant surveillance over conditions in the mouth by frequent stated inspections must be considered a policy of reason and conservation. But to ruthlessly go into a mouth with stones and disks and strips, and to grind and cut and slash as is being done by some operators is wholly unwise, and in certain instances borders almost on malpractice. To pass a sandpaper strip between the proximal surfaces of teeth whose only sin is that they are somewhat stained, and to saw this strip back and forth in the interproximal space, lacerating the gum to shreds, and cutting into the tooth tissue in the gingival region; to go even farther than this, and force the strip between the bifurcations of roots, with the idea of trimming down and polishing these surfaces, is to exceed the function of rational prophylactic treatment, and in many instances to do more harm than good. This laying bare of the necks of the teeth by grinding and the use of abrasives frequently leaves the teeth so sensitive that the patient is rendered extremely uncomfortable. There is no need for creating this discomfort if the operator will go about his prophylactic work with reason and judgment, removing the deposits most carefully with delicate instruments, and polishing and smoothing the tooth surface without cutting and slashing into it as if it were so much inert matter. To transform a mouth from a state of disease to one of health by prophylactic treatment, and to do it rationally, is a process extending over some time instead of a radical and immediate operation of the "presto!—change" character. And this can be done without subjecting the patient to intolerable pain or subsequent discomfort.

Another consideration connected with the practice of prophylaxis relates to the folly of instituting treatment of this sort in a perfectly healthy mouth. This is frequently done on the plea that it will prevent disease of the gum and decay of the teeth, and the promise is confidently made by the dentist and naively accepted by the patient that if prophylactic measures are followed once a month there will never be any caries or pyorrhea in that mouth.



The burden of preservation is thereby placed upon the dentist instead of being placed where it properly belongs, upon the patient. It is the daily care the patient gives the teeth, rather than the monthly care of the dentist, which counts most for the maintenance of health, and this should always be emphasized in any discussion of the matter with the patient.

Not only this, but to institute so-called prophylactic measures in a mouth where the gums are normal and the teeth in need only of ordinary cleaning is likely to do decided harm. To lacerate these delicate gum margins by instrumentation is in many instance to start them on the road to the very diseases which the dentist is so anxious to avoid; in fact, one of the functions of the dentist to-day is to guard his patient against injuring the gums by injudicious or wrong use of the brush in the patient's own hands. It is as valuable to teach the patient how to properly care for the teeth himself, so that he may do his part successfully, as it is for the dentist to operate skilfully in doing his part.

Then, again, to promise a patient that there will be no decay of the teeth if prophylactic measures are instituted each month is a hazardous thing to do. In some mouths where the influences of susceptibility are especially active, cavities will occur at times despite our best efforts, and when this happens it must call for some very ingenious explaining on the part of the dentist. Fortunately for themselves some of our colleagues are really very ingenious at this kind of explaining; but it would assuredly be better for their subsequent equanimity if they were frank enough at the outset to say to their patients that, while prophylaxis was a most excellent procedure under its proper indications and would aid greatly in minimizing the tendency to decay, there was yet no panacea or absolute preventive for dental caries known to man. This would be safer and I venture the assertion that it would not lessen the ultimate respect the patient has for the dentist or for prophylaxis.

### **Pyorrhea Alveolaris**

To proceed from a consideration of prophylaxis to that of pyorrhea alveolaris seems a natural sequence, in view of the close connection between prophylactic treatment and the prevention of pyorrhea. There can be no question that the proper observance of prophylactic measures in mouths where the incipience of pyorrhea has manifested itself will be of immense value in limiting



the disease. Indeed it may safely be said that with all the furor in the way of systemic treatment, either by the vaccines or by the much-heralded emetic, the chief reliance for the control of pyorrhea must rest at present with proper local management of the case. And this at once brings us face to face with the question as to whether or not emetin is living up to the great promise made for it in the beginning. If we study the history of the use of this remedy we will see repeated the experience of many other remedies for many other diseases. When emetin was first introduced by Drs. Smith and Barrett of Philadelphia, their claims for its use read quite conservatively, and while their reports seemed to show a very encouraging result, yet there was a cautious tone to all they said, which if heeded by the profession would have resulted in a saner acceptance of the remedy. But while Smith and Barrett stated that emetin "seemed" to bring certain results, some of those who followed them stated that it did bring these results, and worse yet, certain men got the ear of the public press and heralded the glad tidings that at last there was a specific remedy for that almost universal disease—pyorrhea alveolaris. As my good friend Dr. Hofheinz of Rochester, remarked, "There seems to have developed a widespread impression that the only thing to do to cure pyorrhea is to inject emetin into the patient."

At this stage of our experience it seems difficult to assign to emetin its proper status as a remedy for pyorrhea. Some men continue to report encouraging results from its use. There is one confusing feature of this question which should be cleared before any estimate is passed upon the virtue of a drug or method advocated for pyorrhea. The claim that a certain treatment will stop pus formation in the mouth is no evidence that it will save teeth from being lost through failure of the supporting structures of the teeth. In fact I am going to be sufficiently heretical to say that the problem of stopping pus in pyorrhea pockets is not and never has been a very serious one, provided the operator may have the co-operation of the patient. And this can be accomplished wholly by local treatment. The problem, and the one which I believe to be baffling most men to-day, is to prevent the constant and insidious loosening of the teeth by a solution of the pericemental membrane and alveolar process without any evidence of pus formation at all. This goes on in some cases despite the most careful local treatment that we are able to institute. It is a condition in which



other things are involved than the mere presence of deposits, because the deposits may be removed as carefully as can be done by the hand of man, and yet the teeth grow steadily looser. It is light upon this peculiar condition that we need more than anything else to-day, and when this light comes I venture the prediction that it will be found to be something systemic; and to go one step farther, I imagine that it will have to do with some form of faulty metabolism or elimination.

The most unfortunate thing connected with the present status of the emetin treatment is the false hope that has been fostered in the mind of the public that a panacea for pyorrhea has been discovered. Quite naturally those afflicted with this disease will catch at any straw which promises salvation, and the confident way in which the papers have stated that a simple cure has been found will mislead many people, and result in their ultimate disappointment. Any deception of the public which has the semblance of exploitation reacts in an unfortunate way, and increases distrust which is hard to live down. The best interests of the profession and the people are conserved only when there is perfect confidence established on both sides, and experiences such as we are having with the emetin treatment are not conducive to this end.

### Root-Canal Work.

The intense interest which has been excited in recent years regarding the possible effect on the system of badly treated pulpless teeth has stimulated the profession to renewed efforts in the direction of better root-canal work. This is a movement in the right direction, and it came none too soon to save the reputation of the profession. The numerous travesties on root-canal fillings that have been made to pass muster heretofore would be a serious reflection on the profession had the real gravity of the situation been apparent. Few men realized that anything more disagreeable or dangerous than an alveolar abscess was likely to follow bad root-canal work, and so slipshod methods were allowed to prevail with many operators, who were content if their treatment did not immediately result in the formation of an active abscess. But the severe and justifiable strictures passed upon this kind of dentistry by the medical profession and by a certain section of the dental profession has "given us pause," and made us reflect that an improvement in our operations must be made if we are to save our reputations. It is safe to assume that there has never been such a general awakening as there is



at present on the subject of proper root treatment and filling, and a close study of the technique of this operation is being more generally made than ever before.

This is by no means an acknowledgment that in the past this work has been entirely neglected or ignored by the profession. Many men from the very beginning of the practice of root-filling have devoted their best energies to it, and have conscientiously lived up to the highest of their understanding. In the hands of men of this type there has been little menace to the welfare of the patient as the result of root-filling, and the present crusade is directed mainly against that large membership who slight this operation, and content themselves with any kind of technique that will cover up their tracks temporarily. The strongest censure that can be passed upon this sort of work is none too severe, and the united efforts of the profession should be devoted toward the elimination of such methods of practice.

But let us turn for a moment to the other side of the picture. There is grave danger at the present time that serious harm is to be done in the name of so-called reform. It seems to be a proclivity of human nature not to be able to bring about any reform without overdoing it, and in some instances the enthusiasm of the reformer leads him into follies as serious as the evils he is trying to combat. When the realization was forced upon the profession that neglected or badly treated pulpless teeth were a menace to the health of the individual through establishing local foci of infection which might affect the entire system, the chimeric vision of some men carried them on to the conclusion that every pulpless tooth was a menace, and consequently should be removed. In the light of our long experience with the behavior of well-filled pulpless teeth it seems impossible to believe that men can be found who sagely advise the extraction of every tooth which by any chance has lost its pulp, and yet this is really being done to-day in certain sections. Not only this, but dentists are reading papers before medical societies extolling the practice of extraction, and dwelling on the horrors lurking at the apex of every pulpless tooth. Medical men are naturally only too glad to discover some new explanation of the phenomena of disease which have been puzzling them, and they readily seize on the novel theory that the teeth are at the basis of many of the ills from which their patients are suffering, and which heretofore they have been unable to fathom. No conscientious



man of mature experience would for a moment wish to minimize the ill effects on the system of bad mouth conditions, nor to argue that foci of infection at root-ends were not a serious menace to the patient; but to claim that all pulpless teeth, regardless of whether they were well filled or not, are dangerous to the individual and should be removed is simply to run riot with the evidence of half a century, and to throw ordinary common sense to the winds. The consequence of this crusade of extraction will be disastrous to the people if it is not checked. Hundreds and possibly thousands of teeth innocent of any harm will be sacrificed to the forceps and the people deprived of their use for life. To accept the dictum that most of the teeth which have lost their pulps cannot be made healthy and useful to the individual is to set dentistry back more than fifty years—to the days when pain in a tooth meant its extraction, when partial dentures followed shortly by full dentures were the rule. Why is it that to-day there are relatively fewer artificial teeth worn by the population than there were years ago? Mostly it is due the fact that it has been possible to treat and save pulpless teeth.

As has already been intimated, we need a new consecration to care and thoroughness in the technique of this work, we need to increase our skill; but to say that all this is futile and that when a tooth has lost its pulp it must ever remain a dangerous thing to the patient is to discount and discredit the splendid work done in this line by such men as Callahan, Rhein, Buckley, Best, and scores of others.

Medical men should be taught to be more guarded in their condemnation of teeth. If they are to continue to advise extraction on the evidence of the X-ray as they are doing to-day, then we must insist that they make themselves more familiar with the phenomena of X-ray pictures of the teeth and jaws. Skiagraphs of the jaws are difficult to properly interpret even by an expert in this especial field, and for one who is not familiar with this work to pass an offhand judgment on a tooth and order its extraction is often do irreparable injury to the patient.

We should welcome the closest co-operation between the physician and dentists, but we should insist that this co-operation be undertaken solely for the best interests of the patient instead of for the exploitation of some pet theory.

In considering some of the present tendencies in dentistry your



essayist has sought to touch on a few of the outstanding things which seem to him to be affecting our profession at this time, and he wishes to repeat what he said at the beginning, that his aim is not to discountenance progress nor to discourage the testing of new ideas. It is only by the introduction of new ideas that the profession can grow, and while the trend of thought and practice in some of the things mentioned in this paper would appear to call a halt in the enthusiasm of those most interested in them, yet the writer would rather see the extreme of enthusiasm, even with the mistakes concomitant thereto, than to see the profession settle down into a stagnant rut, self-satisfied, and asleep. Good must eventually come from the extremest method of practice, and the only care we must have is to see that too much harm shall not be permitted to creep in with the good.—Dental Cosmos.

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1. A broken reputashun iz like a broken vase; it may be mended, but allways shows where the krak was.

2. If you kant trust a man for the full amount, let him skip. This trying to git an average on honesty haz allways bin a failure.

3. There isn't no treachery in silence; silence is a hard argument to beat.

4. Don't mistake habits for karakter. The men ov the most karakter hav the fewest habits.

5. There iz cheats in all things; even pizen is adulterated.

6. The man who iz thoroughly polite iz 2-thirds ov a Christian, enny how.

7. Kindness iz an instinkt, politeness only an art.

8. There iz a great deal ov learning in this world, which iz nothing more than trying to prove that we don't understand.

9. Mi dear boy, thare are but few who kan commence at the middle ov the ladder and reach the top; and probably you and I don't belong to that number.

10. One ov the biggest mistakes made yet iz made by the man who thinks he iz temperate, just becauze he puts more water in his whiskey than his nabor does.

11. The best medicine I know ov for the rumatism iz to thank the Lord—that it ain't the gout.

12. Remember the poor. It costs nothing.

—Josh Billings.



## Technique of Root-Canal Filling

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Within the past few years several methods of root-canal filling have been presented to the profession for acceptance. Gutta percha has held its place for a good number of years, but a modification of this method is gaining the attention of the profession.

The methods in common use are gutta percha, rosin and gutta percha, paraffin compound and bismuth paste. Each of these materials has some special properties which makes it better suited in some cases than in others.

### Where Gutta Percha Should be Used.

Gutta percha is indicated in all root canals which can be freely opened to the apex, and which have not large apical openings, or where root-canals are to be used for the insertion or cementation of a post.

### Gutta Percha and Chloro-Percha Compound. . .

Dissolve the gutta percha in chloroform and then strain through cheese cloth.

### Dr. H. L. Rhein's Technique of Gutta Percha Root-Canal Filling.

Dry the canal with warm air, and I use what is known as the Young broach and wrap it with a fine wisp of cotton. I frequently introduce a little chloroform first, and follow it up with the hot air. I want the chlora-percha when it goes into the canal to meet a dry surface all around to which it will adhere all the way down, so that when I fill in with a point of gutta percha I am not only forcing the gutta percha through the opening in the foramen, but literally into the microscopic tubuli, in the decalcified dentine, and, of course, it is understood you are to do this with absolutely aseptic precaution. I scrub my hands the very last thing before I introduce the chlora-percha, and my assistant does the same. My gutta percha points are now placed in a bath of ten per cent. formalin, so that there can be no infection on the gutta percha. With a pair of forceps I take the gutta percha point on to the napkin and fold the napkin over it carefully; the assistant stands at the left side of the chair, with an alcohol lamp and with aseptic forceps. I introduce the point carefully into the root-canal, and, with gentle pressure, press it down as far as possible, and then proceed to fol-

low up the process of forcing my gutta percha point carefully down. Then I add another point in the same way, and may add a third point according to the diameter of the canal, compressing it as well as I can with a plugger. I now take the plugger point and wrap a little wisp of Japanese paper around it, and dip that in chloroform and introduce that plugger with the chloroform dipper paper into the canal and proceed to tamp that gutta percha with the plugger, the same as a laborer tamps his concrete pavement, doing it again and again. You can only learn by experience how much of this is requisite. When you have finished, your gutta percha points are forced into a homogeneous mass that absolutely fills the canal. Your chloroform is being forced out the end of the foramen at one end, and at the other is easily evaporated with your cold air. If I am going to use a root for a crown I sometimes use only one-half a point of gutta percha, and if I am going to bring the filling away up I may use six or eight points, running down to a number five or number four. When I am all through and my assistant has stopped blowing cold air on the gutta percha so that we know the evaporation is complete, I cover the gutta percha with oxy-chloride of zinc cement. That is placed over it to prevent any possible infection from the crown of the tooth into the root canal. I have never detected the faintest odor in any root-canal that I have filled, and I have opened a good number of old fillings of my own, and it has simply been a question of the difficulty of reaming them out.

#### Rosin-Gutta Percha Compound.

The rosin-gutta percha root-canal filling is indicated in fine canals where they can be perfectly dried. It has the advantage of entering the tubules and sealing them, and should be especially indicated in those cases which have been the seat of septic infection. It has the disadvantage of being more or less mussy during insertion.

#### Rosin Solution.

Rosin .....	Gr. xij.
Chloroform .....	3ii j.
M. Fiat Sol.	

The technique of the rosin-gutta percha root filling is simple, easy, quick and sure to seal all tubuli and foramina that are open. Before proceeding with the filling of the root-canal all instruments, cotton, paper points, gutta percha points, should be placed in the



steam chest, super-heated steam being the most effective sterilizing agent. After steaming the proper length of time the steam is shut off from the chest. This soon dries the instrument points and cotton broaches. The gutta percha and paper points after cooling in the basket have lost none of their desirable properties.

I have said that the root-canal should be the general shape of the paper root-canal driers as furnished us by the dealers. In addition to this general form have the mouth of each canal a decided saucer shape. This will facilitate the placing of agents or instruments to or near the apical foramen.

The first step then is the complete dehydration of the dentine, using acetone, as advised by Dr. Prinz, as the dehydrating agent. After flooding the canal with acetone use the paper points liberally until the canal is entirely free from moisture. Follow this with warm air. Then hold a warm wire in the canal for a minute or two, being careful the wire is not hot enough to sear any part of the canal.

Right here is where many root-canal operations fail. The canals and tubuli must be as dry as it is possible to make them, bearing in mind that it is possible to do damage by over-heating the root.

Now flood the dry root-canal with the thin rosin solution, pumping it in with a wisp of cotton on a broach. When the canal is full of the solution pass a fine wire or broach to the end of the canal. Work out all the air that may be trapped therein. This is of vital importance.

(Note).—At this point dip the broach being used into oxide of bismuth and pump into the rosin solution if X-rays are to be made.

The canal point should be made of base plate gutta percha. Should carry no drugs or any additional elements that will have a tendency to weaken or reduce the strength or rigidity of the cone, because we wish the gutta percha to dissolve rather slowly at the periphery while the attenuated center retains rigidity sufficient to permit of being pushed along.

Select a gutta percha cone that will reach to or near the end of the canal, holding the cone with a fine foil carrier, and pass the cone carefully and surely about half way into the canal, pumping the cone up and down in the canal usually from four to six times, and, as it dissolves in the chloroform, advancing the cone farther toward the apex.

The pumping motion forces the rosin solution farther into every opening. The chloroform at the same time dissolves the periphery of the gutta percha cone, which, becoming more and more attenuated, slips farther toward the apex, surrounding itself with the mixture of gutta percha and rosin. The rosin seals the tubuli, and at the same time causes the gutta percha to stick tight to the pulp walls, and makes the gutta percha more staple and proof against the action of body fluids or substances.

If this does not leave the large end of the gutta percha cone at or near the end of the canal, place a small one alongside or on the first one, then with a cold steel plugger point that will go into the canal gently pack mass into canal, using warm air to soften the protruding gutta percha if necessary.

This packing forces the semi-fluids (chloro-percha and rosin) into the unknown canals and pockets, and at the same time brings the surplus chloro-percha to the mouth of the canal, where it may be taken up with absorbent rolls or cotton.

In multi-rooted teeth complete the filling of each individual canal before starting another.

Rub the steel plugger points on paraffin cake to prevent the partially dissolved gutta percha from adhering to the instrument. The pulp chamber is to be filled with oxy-chloride of zinc or oxy-phosphate, to which add one to five per cent, of yellow oxide of mercury.

#### Bismuth Paste.

Bismuth paste is indicated in roots which have large apical openings from absorption or lack of development, temporary teeth and punctured roots.

#### Technique.

The paste is brought to a fluid state in a hot water bath, which is easily done by putting a wide-mouthed jar containing the paste in a dish of hot water. With the ordinary metal water syringe, heated to about the temperature of the fluid paste, draw up some and deposit it into the cavity of the tooth, and rapidly work into the canal with a warm (not hot) root canal plugger. While the mass is yet fluid it may be forced to the end of the root with pressure on unvulcanized rubber. The excess of the paste is cleared away and a gutta percha cone the full size of the root canal is gently pressed as far into the canal as possible. Then put a layer



of oxy-chloride or oxy-phosphate, to which one per cent. of yellow oxide of mercury has been added, over the root filling.

### Paraffin Root Filling Material.

Paraffin is indicated in large canals where a hot instrument may be freely carried to the bottom of the canal. It is less irritating than gutta percha if any should pass through the apex. It is unsuitable in cases where a post is to be cemented in place, because it never becomes sufficiently solid to resist the pressure of cementation, and is driven through the apex.

### Paraffin Root Filling Compound.

Thymol .....	2 parts
Bismuth trioxide.....	30 parts
Hard paraffin melting point 56-58 deg. C., (133-136 deg. F.).....	68 parts

### The Technique of Filling Root-Canals with Paraffin Compound.

The sine qua non of a successful paraffin root-canal filling is an absolutely dry root canal. To accomplish this end certain physical procedures are in vogue, i.e., the hot blast, the electrically heated root dryer, the heated wire, bibulous paper cones, cotton, etc. To facilitate the removal of moisture hygroscopic chemicals; i.e., alcohol, chloroform, ether and other substances are often used in conjunction with the above enumerated means. These compounds, with the exception of alcohol, have little affinity for water, and hence are of no practical value. In drying out a root-canal it should be borne in mind that the removal of its natural moisture or any other fluid placed into it is well-nigh impossible with the much-lauded hot air blast if its foramen is closed. A few trials on an extracted tooth or a glass tube drawn out to a fine solid point and filled with water or any other of the above enumerated fluids will readily convince one of this illusory conception. The fluid will move back and forth upon the elastic cushion of air confined in the end of the tooth or the tube, or, if no air is present, the heated air blast will practically make no impression on the moisture column. The removal of the moisture is usually best accomplished by using bibulous paper cones in conjunction with the heated metallic root-canal dryer. The secession of the hissing sound following the introduction of the hot wire indicates that the desired effect has been successfully achieved. In passing, it is well to remember that over-drying of the tooth structures is a dangerous procedure. If



more or less of the water which holds the gelatinous matrix of the tooth in colloidal solution is removed by over-heating that tooth is proportionately weakened against physical or chemical insults. Black, Cook, and others have repeatedly called attention to this fact, and it is well borne out by clinical observation.

After the root-canal is freed from its moisture, it is flooded with acetone and dried again with the hot wire point. The object of this procedure is to remove every particle of moisture from obscure nooks. When a root-canal, which is kept continuously moist with a most annoying, persistent seepage, is thoroughly dried out with acetone and the heated root dryer, the seepage will usually stop immediately. A wisp of cotton wrapped about a broach and dipped in pure paraffin oil (also known by many trade names, such as liquid alboline, cosmoline, oliphane, etc.) is now passed into the dry root-canal and immediately followed by the hot compressed air blast, so as to uniformly coat the canal. Its object is to cover every accessible surface with a thin film of oil, which, in turn, facilitates the ready flow of the liquid paraffin compound into every available space. Too much oil must be carefully avoided. This lubricating of the canal constitutes an important factor in the correct technique of the paraffin root filling method. A cone of the prepared paraffin is now inserted into the canal, and the heated dryer passed along its side. By a gentle pumping motion the air is expelled, and the semi-liquefied paraffin is allowed to flow into the canal. The film of the previously introduced paraffin oil and the semi-liquid paraffin compound possess great affinity for each other, and wherever the oil film has been deposited the paraffin compound will readily flow. Care should be exercised not to over-heat the paraffin compound. It is essential, however, to keep the root dryer fairly warm, so as not to chill the semi-liquefied paraffin when the dryer reaches the deeper portions of the canal. As the paraffin compound melts at less than 60 deg. C. (140 deg. F.), there is no danger of burning the patient with it. Sufficient paraffin compound is now added so as to completely fill the canal. It has been suggested to finally insert a gutta percha cone or a heated copper wire into the filled canal and leave it permanently in place. Such procedures insure a more perfect filling; they overcome the shrinkage of the paraffin in solidifying. Gutta percha cones as suggested are especially well suited for this purpose; they act as a core and insure a more perfect adaptation of the softened paraffin to the ir-



regularities of the root-canal. In using these cones their extreme points are first cut off, and they are then quickly pressed into the semi-fluid paraffin. Fine copper wires for such purposes are readily obtained by cutting suitable pieces from an electric light cord. On the congealing of the paraffin compound a slight depression in the centre of the filling, near the entrance of the root-canal, will be noticed. This contraction is in conformity with the natural tendency of the hardening of the paraffin; it will always congeal from the periphery toward the centre, and thereby insures an unchangeable, permanent and absolute water-tight sealing of the canal wall. The paraffin compound finally is covered with a layer of oxy-chloride or oxy-phosphate, to which one to five per cent. of yellow oxide of mercury has been added to form a solid foundation for the future permanent filling. If it should become necessary at some future time to remove the root-canal filling, the introduction of the heated wire will readily liquefy it; it can then be removed with bibulous paper cones, the broach, and, if necessary, with a solvent, i.e., xylol.

The position of the patient in filling root-canals of teeth in the lower jaw is self-explanatory; in filling the canals of the upper teeth the chair is tilted backward so as to obtain a horizontal position of the upper teeth. As capillary attraction plays an important role in this procedure, the paraffin compound will readily follow the heated wire.

Regarding the instruments used as hot pluggers for this work, any wire which will retain heat sufficiently long enough to melt the paraffin and which can be filed to a point fine enough to reach the smallest canals is suitable for this purpose. Silver or copper, or an alloy therefor, are good heat conductors, and therefore the most suitable metals. A one-inch coil made of No. 10 or 12 copper wire, with a three inch extension, filed to a fine point, answers the purpose fairly well. The fine point of the root-canal plugger must be able to carry a minimum temperature of 60 deg. C. (140 deg. F.)

In recapitulating the technique of root-canal filling with the paraffin compound the following points are the most important factors which must be rigidly observed.

Carefully drying out the root-canals.

Lubricating the canal walls with a thin film of paraffin oil.

Filling the canals with the prepared paraffin compound by means of a heated wire, using a pumping motion.

Covering the finished root filling with a layer of oxy-chloride or oxy-phosphate, to which one to five per cent. of yellow oxide of mercury has been added.

#### Properties.

1. It is non-putrefactive.
2. It is sterile and slightly antiseptic.
3. It is easily introduced.
4. It is absolutely non-irritating to the soft tissues; when forced beyond the foramen of a temporary or permanent tooth or through a perforated root it is borne by the soft tissues without the slightest reaction.

It does not discolor the tooth structure; it possesses a distinct yellow tint which makes it readily discernible to the eye.

6. It is non-porous and unchangeable; it produces an absolute permanent water-tight filling.

7. It is easily removed.

8. It will seal hermetically the dentinal tubuli and the foramina against bacterial invasion.

9. It is opaque to the Roentgen rays.

—Dominion Dental Journal, Dec. 1915.

#### A RECIPE FOR KISSES.

Take a bit of dark piazza,  
Add some sunlight—not too much,  
Press in two large hands a small one,  
Add a coy reserve, a touch.  
Sift in just a pinch of folly,  
Mixed with softly whispered sighs,  
Of romance add two small tea cups,  
And the starlight of her eyes.

Then dissolve some pure emotion  
In a longing and a laugh,  
Mix a grain of deep affection  
With a bit of merry chaff,  
Add one ounce of mild resistance,  
Two of yielding. Then in mute  
Inexpressible enjoyment,  
Serve in quantities to suit.



## Maintenance of Health in Relationship to Dentistry

The general health of the body can only be attained by righteous living. Temperate diet, regular hours of sleep, proper exercise, proper mastication of the food, fresh air and sunshine are the principal factors in the prophylactic measures, as well as the curative methods of fighting disease to-day.

The physician and dental surgeon of to-day have and are trying to educate the public mind along lines of preventing disease.

Diseases which in the past have wiped out armies were, typhoid, meningitis, and various fevers. The reason of course that the death rate has been so considerably lowered is due to anti-typhoid vaccine, and isolation of the patient, and the patient surrounded with healthy environments as well as good nursing. One factor the medical profession discovered was that carious teeth often lodged various micro-organizations directly related to the disease. The only way then to overcome the lodgement of bacteria in and about the teeth was to undergo operations by the dental surgeon.

That the most important factor in the maintenance of health is diet goes undisputed.

A balanced rate of carbo-hydrates and fats and proteins should be studied by the individual and he should govern himself accordingly. Dr. Kirk of Philadelphia, has advanced a theory of dental caries, due to the fact of an improper diet, throwing down a metabolic carbohydrate in the blood and saliva and that this directly forms the pabulum upon which the bacteria exists and in turn create the acids which dissolve tooth substance.

Now the diet may even in some cases be a balanced ration and still the patient has not a proper masticating apparatus to mix his food with saliva, which is essential for the digestion of all carbohydrates, i.e., bread, potatoes, etc., and hence the food is not properly digested, and as a result putrefactive processes set to work and these lessen the body's immunity and aid the susceptibility to various diseases. It is important then, from the standpoint of health and cleanliness that the oral cavity should be kept in a normal condition and this can only be accomplished by regular visits to the dental surgeon.



The diseases along which our death rate has increased in the past thirty years by 100 per cent. in America, are known as degenerative diseases, some of which are abnormal blood pressures hardening of the arteries, and kidney trouble, as well as degenerated teeth. Metchinoff has pointed out that the lengthening of life will be the greater utilization of accumulated experience. Let us then remember to take care of our bodies the same as we would of our profession or our business.

### Prevention of Degenerative Diseases.

The health Bulletin for September, 1915, says: These diseases are largely due to defective elimination or chronic accumulation of toxins in our body, due to one or more of following causes, viz.:

1. Overeating, especially of meat and highly seasoned foods after middle life. As someone has said we too often dig our graves with our teeth.
2. Insufficient exercise, or too much or too strenuous exercise.
3. Social diseases.
4. Intemperance of any kind (use of alcoholic or excessive use of tobacco).

### The Warning.

These diseases do not produce early symptoms but when attention is called to any of above diseases they have so far advanced that they often undermine and cut short the health of individuals valuable to society. Therefore have your physician and dental surgeon examine you periodically, as early recognition is only possible by skilled practitioners.

### A CALL TO DUTY.

Other papers all remind us,  
We can make our own sublime,  
If our fellow schoolmates send us  
Contributions all the time.  
Here a little, there a little  
Story, Schoolmates, song or jest,  
If you want a good school paper  
Each of you must do his best.—Ex.



# THE HYA YAKA

A JOURNAL PUBLISHED MONTHLY DURING THE COLLEGE  
YEAR BY THE STUDENTS OF THE ROYAL COLLEGE  
OF DENTAL SURGEONS OF ONTARIO.

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Freshman Year, WILSON.

*Representative of Graduates*—H. K., Box, D.D.S.

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## Notes and Comment

The number of members of the C. A. D. C. that have returned from overseas are so numerous that we are unable through lack of space to mention each individually. However we are glad to see them back and wish them every success.

Dr. T. H. Jones, a former student of Iowa, and a graduate of Denver University, is taking a post graduate course at the Royal College of Dental Surgeons. He practiced in Libby, Montana, for six years, where he managed the Libby ball team and toured the States with the basketball team. Jones has made many friends around the college and we have no doubt that he will prove a worthy graduate of the R.C.D.S.

Leo Parr has left the College halls for fairer fields—let us wish Leo success.

E. C. Young has returned to finish his last year. Owing to illness Young was compelled to stop about Christmas time, but is back again with apparently renewed interest.

Members of last year's Seniors' Class on the Staff are:—H. H. Halloran, H. D. Leuty, W. J. Ingram, R. J. Montgomery.

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Henderson, to patient who has taken out a denture in order to adjust the lingual bar on it: "You ain't got no right to handle that there set of teeth. That's what I'm here for. Say is there any money in the junk business? This dentistry is all played out since this guy Black writ his book. I guess advertising is my game. Say how's raisin' pigs? You keep them teeth in your pocket, and not in your lap. I guess I'll go see a chiropractor, and get my head adjusted, I'm suffering from advertitis."

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Would a couple of members in the Junior Class be kind enough to give the Freshettes a chance.

---

Owing to the large quantity of snow tying up motoring we wonder what a certain Junior does Saturday afternoons in place of joy riding.

---

Boyd, '18: "I saved a girl's life this summer at a fire."

Sproule, '18: "How?"

Boyd: "I put a plank up to the window and let her slide down, but she don't speak to me now."

Sproule: "Why?"

Boyd: "I didn't know there was a nail in the plank."

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Cupid wants to go easy or Arch. will have to write home saying that a Mann has interfered and he will not be able to complete his year single-handed.

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Some of the Juniors seem to think that they should do their lab. work up stairs. They don't seem to realize that it costs them two dollars an hour to attend R.C.D.S. Give the Freshettes a chance.

---

Miss McA.: "How did you like Mr. D—k?"

Miss B.: "I think he has lovely eyes."

Miss McA.: "Well, what impressed me most was his mouth."



## WING-DEVITT.

The Waterloo Methodist Church was the scene of a pretty aster wedding on Wednesday afternoon, when Mary Evangeline (Eva), daughter of Mr. and Mrs. Munro Devitt, Waterloo, was married to Dr. Ross Hamilton Wing, D.D.S., of Guelph, who returned from the front almost a year ago, after serving for sixteen months with the Ambulance Corps in France. The officiating clergyman was the Rev. George W. Barker of Burlington. The bride, who was given away by her father, wore a gown of white silk net draped over silver cloth with veil. The bride was attended by her sister, Miss Heldah Devitt, as maid of honor, and by Miss Bernice Ross as bridesmaid, both of whom wore silver cloth dresses, draped in rose tulle, with picture hats of silver lace. The groom was supported by Capt. (Dr.) T. D. Campbell, D.D.S., of Dutton, who is home from the front on short leave of absence. Messrs. E. Stanley Devitt, brother of the bride, and Harley Hayes of Guelph, acted as ushers. Miss Reta Nelson of Guelph, sang. After the ceremony a reception was held at the home of the bride's parents on Bellevue Ave., after which the bridal couple left for a wedding trip to Watkin's Glen, N. Y., New York City, and points south, the bride travelling in a navy blue broadcloth suit with a small grey Phipps hat and ermine furs. Dr. and Mrs. Wing will reside at 5 Hillcrest road, Guelph.

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DENTISTS IN GENERAL.

O thou most worthy men of painful skill  
What torment do you give our suffering will:  
I would that life could blot out your career  
And with but toothless-gums man might appear.  
What's in a tooth? Methinks the half not told  
Of outstripped woe therein all snugly rolled.  
One tooth, the body-part alack,alack,  
May from head to toe with torture rack.  
Oh! dentists with what melancholy leave  
Do you beguile, so luring, to deceive  
All mankind, truly, with the invoke  
" 'Twas well you came to me before it was too late."  
And yet, when my good teeth I do survey,  
I am right thankful for your sharp-grind skill display.

—Alice Mathews.

## NEURALGIA OF EDENTULOUS ALVEOLUS.

Whiteford says that this "toothache of the toothless" is due, as Melchior thinks, to the compression of nerve endings in the alveolar border by dense, ivorylike bone, and when this is excised, a prompt and radical cure follows. The writer had a patient, a pilot aged fifty-nine years, who, for the previous two years had suffered from intense intermittent neuralgia in the right lower gum, from which all teeth had been extracted with the object of relieving the pain. When seen there was exquisite tenderness, localized in an area the size of a pea situated on the free upper border of the gum, in the position originally occupied by the second bicuspid tooth. The pain had prevented sleep for the last eleven nights, and the patient said that life in such a condition was not worth living. Under general anesthesia the gum was incised along its upper border for two inches, and the mucoperiosteum reflected inwards and outwards. No tooth stump was found. The alveolus appeared normal, except in the region of the tender spot, at which the mucoperiosteum was intimately adherent to the bone. The alveolus, including the tender area, was chiseled away for a length of one inch, extending downwards to within half an inch of the lower border of the jaw. The mucoperiosteum was sutured over the alveolus. On recovery from the anesthetic the pain had disappeared. The patient wrote, June 5, 1911, (seventeen months after operation): "I have not had a return of the severe pain, but occasionally, with a cold, I find it is very sensitive. The gum is firm, but at times there is a little stiffness. I can eat well and sleep well, and have not lost a day's work since the operation."

—N. Y. Med. Jour.

## REVERIE OF A SOPHOMORE.

A Sophomore is as a rule the most loyal student to his college; at least, it seems that way with us. When he is a Freshman he hasn't become thoroughly acquainted with the college surroundings, or rather his environment, and by the time he has reached the Junior year, he has lost a great deal of the newness anyway. At the At Home a Sophomore was showing his sweetheart through the college, when one heard him make these remarks: "Well, dear, let me show you through the Royal College now, before too



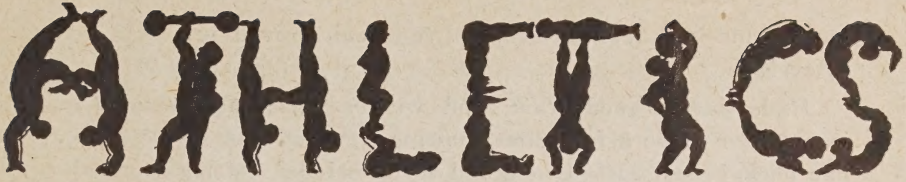
many take advantage of the privilege extended to us this evening. On our right are the lecture rooms. They are very spacious and airy, the seats are lovely, dear, and every one has a number, too. If a fellow stays away, the nurse gets his number, and very soon, if he persists in making himself conspicuous by his absence, the faculty all have his number, and his name too. Oh! yes, Clarice, I am here every morning. Haven't the members of the At Home Committee made this rotunda beautiful? Oh, you are an American, are you? Well, you don't appreciate these flags? Yes, I believe in being broad-minded, too. I always liked American girls. They have some nice Burgs in New York State. It is the encore, sweetheart, the next dance won't be starting yet. We will wend our way upstairs. These are the Junior and Senior lockers. No, I am only a Sophomore. That means second year. Yes, it is a fine education. I am only a kid yet; I will be through fairly young. These are the committee rooms. Don't be afraid of the dark I will hold you tight. The Hya Yaka room, where our College Journal is edited. Yes, there is a great deal of work for the staff. Well, we will proceed to the infirmary floor, Clarice. Yes, that is our telephone, there is only one line in the city which is more busy than this one—the Union Station. The Junior laboratory on the left, the Senior laboratory straight ahead, the prosthetic room down the hall east of the Senior laboratory. Yes, the infirmary is wonderful. There are over one hundred chairs in operation all the time from 9.30 a.m. to 4 p.m. Yes, the patient merely pays for the material that is used. Yes, you may sit in one of those chairs; just a moment until I dust it off with my handkerchief. Allright dear. Oh, when I look into those eyes. No wonder each year the attendance at the College has been increasing. Do you like dentists? I am so satisfied to know you do. Remember, you promised to introduce me to your mother, if I brought you to this dance. The extracting room is closed to-night. No, we can't unless it is some morning between 9.30 and 12. Yes, the Sophomore and Freshmen laboratories are upstairs, but it is dark up there. Allright, if you wish, we will try to see them if we can. This is the fourth time I have been on this floor to-night; I always had lofty ideals. I guess the dance must be over by now. You aren't jealous because I brought some other girl through the college, are you? Why, we have missed three dances; pardon me, I will find your partner for the next dance.





"SQUAD! 'SHUN!"





### JENNING'S CUP HOCKEY.

The hockey season of 1918 finds our team challenging the S.P.S. for hockey honors, instead of defending the trophy as has been the case for the past four years.

The majority of last year's team has been lost through graduation, but manager "Al." Hord expects to place a strong team on the ice when they open the season on January 21st. Moore and Staples of last year's team are available, and Smith and Bartholomew, who substituted last year, are now in line. The new comers are—Olsen, Fraser, Countryman, Liseman, Dobbs, Dales, Forbes, Dupis, Babcock and Douglas.

The team will furnish lots of excitement for the fans when they clash with their opponents, so be on hand. The games will be played at Varsity Stadium.

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### DENTS. BEAT MEDS. IN OPENING OF GROUP III.

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#### Game is Thrilling and Closely Contested—4-1.

Monday afternoon, Jan. 21st, the Varsity rink was the scene of the opening of Group III. series. Dents. and Meds. met in a thrilling and closely contested game, with Dents. carrying off the honors. A large crowd of hockey enthusiasts were on hand to cheer their teams along, and they witnessed a brand of hockey that would be a credit in the finals. Although it was expected that there would be a serious handicap in players this year, the games so far have shown that there is just as good material in the faculties as there ever was. Dents. put out a team that are determined to cap off the honors this year, and, judging by the brand of hockey they put up, they will certainly take some beating. Dales, at centre, worked hard all the time, and was one of the best men on the ice. Forbes, at right wing, was dangerous all the time, and



played fine hockey, while Staples, on goal, proved just as steady as ever.

Meds. have a good team, and with a little more team work would have made a far better showing. Atwell and Dafoe played fine hockey, and rushed in grand style. Meds.' defence were also good. McGillivray showing fine form but fell down badly on his shooting.

Dents. opened the game with a rush, and after forcing the play for several minutes, Dales notched the first goal. Dents. continued to press, and on a nice pass Forbes scored. Meds. then started to rush, and kept the Dents.' defence busy. Atwell secured, and after a spectacular rush through the whole forward line, he eluded the defence and scored Meds.' first and only goal. Shortly before the period ended Forbes scored again for Dents., giving them a safe margin.

Meds. opened the second period, forcing the play, but couldn't get past Staples. The play remained even for the rest of the period, and ended without a score.

The third period opened in grand style, and both teams certainly put up a fine exhibition of hockey. Dents. seemed to have the edge on their opponents in speed and team work, and this counted strongly for them. Dents. rushed and Walden made a beautiful stop, but on the rebound Dales batted the rubber in for the last goal, giving them the victory: 4-1.

Dents.—Staples, Bartholomew, Leisman, Dales, Smith, Forbes.

Meds.—Walden, Smiley Tice, Atwell, Watson, Dafoe.

Referee—Pearson, S.P.S.

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### THE SCHEDULE GROUP III.

Jan. 21—Meds. vs. Dents.....	5- 6	o'clock.
“ 25—Pharmacy vs. Dents.....	5- 6	“
“ 29—F. O. E. vs. Dents.....	4- 5	“
Feb. 2—Dents vs. Meds. ....	11-12	“
“ 8—Dents. vs. Pharmacy .....	5- 6	“
“ 12—Dents. vs. F. O. E.....	5- 6	“



**BASKET BALL.**

Again the battle is on for the Sifton Cup. Dents met Sr. Meds on Jan. 14th, at Central Y.M.C.A., for the initial contest of the season. Owing to some misunderstanding the basketball executive drew up a schedule with two teams representing R. C. D. S., (Jr. and Sr. Dents). The Dent team were forbidden to use any members of the so-called Jr. Dent team against Sr. Meds. Hence Dents were slightly handicapped for material, but waged a merry battle from the first toss-up. We hope this matter is cleared up before our next game.

The game was fast from the start and Sr. Meds received the surprise of their life when they found that they were only leading by 3 points by half time. The second half showed some great ball playing for both teams.

Meds have a grand centre man and a dead shot in Kemp. For Dents, Fraser at forward played a whole game by himself, netting most of the points, but would be better if he passed to his teammates more often. McLaurin was a tower of strength on the defensive and delights to rough it up a little. This also seems to suit "Big Mac" McGowan, who is very fast, a good ball handler, covers a lot of ground, but has lost that shooting eye of his. Probably with more practice the boys will round out into a better team.

Three minutes before the final bell, Dents gained the lead on Meds but that man Kemp waded in and put his team in the lead again. Meds were victorious 25-22. 'Twas a tough game to lose Dents, but if the boys would turn out with a cheer for the team the tale might be different next time.

Dents' team—Fraser, Stone, McGowan, Poag, McLaurin.

---

January 21st. Who said Dents didn't have a team after that Sifton Cup? Will some one slide down to S.P.S. and ask which undertaker they prefer. "Oh, My! Oh, My!" Who committed such a massacre? Why, Dents' team. 'Twould be too bad to tell the score, but Dents are waltzing around with one scalp tied to their belt. Here's hoping there is more to come.

The battle was again staged at Central Y.M.C.A., and only a few rooters out as usual. Seems unfortunate that the hockey games are scheduled for the same dates. Well to be brief, Dents



waded into S.P.S. as fast as possible and scored at will. In the first five minutes of play, McGowan encountered some obstacle in his path for he was found flat on the floor—out cold. But after a short time was able to continue and notch a few points for his team before half-time.

McGowan gave way to Windrim in the second-half and the score became much worse from the S.P.S. standpoint. This Windrim plays a great game for his size—watch him. Stone replaced Windrim, in order to take part in the fun and all the boys counted points. Fraser played his usual brilliant game but was pretty well looked after. Poag came to life and showed up well on defence, also netted a few points. McLaurin seemed to be the great obstacle in the way of S.P.S., but we thank him for that. Don't forget this new centre man—Countryman—he is showing class already.

Come on out and give the team some pep. Don't forget Feb. 4, Dents vs. Sr. Meds. Feb. 11, S.P.S. vs. Dents.

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### DENTIST TO KING.

Lieut.-Col. George Gow, D.D.S., 1899, also went over with the University Hospital in charge of the Dental section, and was previously mentioned in despatches a year ago. He had a patient the King of Serbia, and for his services received the Serbian Order of the White Eagle. Lieut.-Col. Gow left a large practice in Toronto to go overseas, and came to the University from Windsor. He was a son of the late Mr. Gow, inspector of inland revenue for the Dominion.

---

A much respected member of the church having joined the great majority, the minister posted the following notice on the church door:

"Brother Jones departed for Heaven at 7.30 this morning."

Returning somewhat later the reverend gentleman was much surprised to see beneath his notice a telegraph form filled out as follows:

"Heaven, 9.30 a.m.—Jones not arrived. Great anxiety."



There has been a new name given one of our instruments by Barkley, '19. He insists upon calling an explorer a prospector.

---

Professor: "What is Metaphysics?"

Scotty: "Well, when the party who listens dinna ken what the party who speaks means, and the party who speaks dinna ken what he means himself, that is 'metaphysics.'"

---

"As I was crossing the bridge the other day," said an Irishman, "I met Pat O'Brien. 'O'Brien.' says I, 'how are you?' 'Pretty well, thank you, Brady,' says he. 'Brady,' says I, 'that's not my name.' 'Faith,' says he, 'and mine's not O'Brien.' With that we agin looked at each other, an' sure enough it was naythur of us."

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### ECONOMIC ILLITERATES.

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An eminent New York banker has said that Americans are "economical illiterates," and he added the significant comment that no sort of illiterates could be more dangerous to a republic. What did he mean by the term? Not that the average American was unversed in the value of dollars and cents, for we are all too painfully aware of their limitations nowadays. He stigmatized Americans with economical illiteracy because, as a nation, we are ignorant of the principles underlying the circulation of money, the elasticity of credit and similar phenomena of the everyday business and industrial life of the nation.

But this distinguished banker did not speak scornfully; he did not imply that because a man or woman had not taken a course in Taussig or some equally well-known economist, he or she was therefore "economically illiterate." What he lamented and condemned principally was practical, not theoretical ignorance—the abuse of the charge-account and delivery systems (importantly affecting retail business), unwise and untimely purchasing of home and personal needs; over-valuation of luxuries. In short, the acceptance and reckless maintenance of what is known as the Ameri-



can standard of living, without any query at all as to whether it is economically justifiable.

Many perplexing questions, of technical dryness, can be based on that epithet—"economical illiterates"; but positive advice can best serve. Get what you want, pay promptly for what you get, and see that you get what you pay for. It is a practical rather than a scientific rendering, and in conjunction with the ancient aphorism that says, "Take care of the cents and the dollars will take care of them themselves," will serve as a useful prescription for war economy. In postscript it may be added that if the "trusts" and "monopolists" had to deal with an economical intelligent public they would not for long be "trusts" and "monopolists."

---

### IN A LITTLE MINING TOWN.

Sights from an office window  
 In a little mining town  
 Are sometimes very humorous  
 As we gaze far far around.  
 From our office on the first floor  
 We look serenely down,  
 And like, dislike, and criticise—  
 In a little mining town.

We know we are not poets;  
 (We are not classed as such);  
 We cannot tell of heavens fair,  
 No! We're dentists—very much.  
 But onward with our story,  
 (Please do not laugh or frown),  
 For there are sometimes sights to see—  
 In a little mining town.

As I was sitting smoking,  
 What a sight for my eyes to greet!  
 A man was practicing dentistry  
 On a horse across the street.  
 He had a great big horse-rasp file,  
 And pushed and pulled anon,  
 Filing down the horse's teeth—  
 In a little mining town.



**I** KNOW not whence I came,  
I know not wither I go,  
But the fact stands clear  
That I am here  
In this world of pleasure and woe,  
And out of the mist and murk  
Another truth stands plain—  
It is in my power  
Each day and hour,  
To add to its joy or its pain.

I know that the earth exists ;  
It is none of my business why :  
I cannot find out  
What it is all about—  
I should but waste time to try.  
My life is a brief, brief thing ;  
I am here for a little space,  
And while I stay  
I would like, if I may,  
To brighten and better the place.

—ELLA WHEELER WILCOX.

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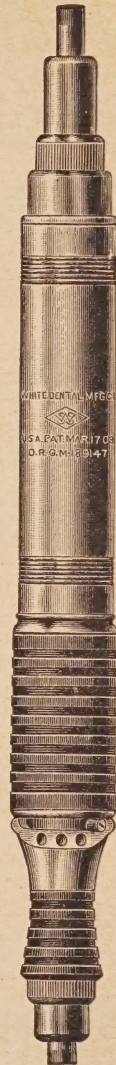
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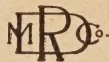


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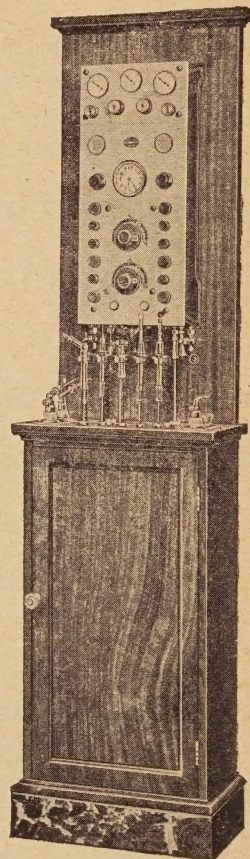
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# HYA YAKA

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### LIEUT. H. O'ROURKE RECOMMENDED FOR V.C.

Lieut. Harold O'Rourke, member of Class '18, of the R.C.D.S., son of Tim O'Rourke, the former Canadian weight-thrower, has made a name for himself. Word has reached here from Ottawa that Harold has been recommended for the Victoria Cross, the highest decoration to be gained in the field of honor.

He went overseas with the 180th Sportsmen Battalion and has been in France since November, 1917. Harold graduated from De La Salle, and while there was a very prominent figure on the hockey team, which are winners of the Junion O.H.A. championship this year.

He holds the half-mile boys' record, made at the I.C.A.C. games when 13 years of age. Played rugby for the Argonauts and was a member of the Don Rowing Club. On his brilliant career as an athlete he had no difficulty in joining the Sportsmen's Battalion.

Here's hoping that Harold will return safely to Toronto and Class '18 can boast of having a Victoria Cross.



# THE HYA YAKA

VOL. XVII.

TORONTO, MARCH - APRIL, 1918

No. 3

## Technique of Efficient Application of Fixed Appliances in the Correction of Malocclusion

By Dr. J. Lowe Young, New York City.

Fixed appliances of different varieties have been in use a great many years for the correction of malocclusion, but previous to the systematizing and standardizing of these appliances into a few simple, practical and efficient forms by Dr. Edward H. Angle, their application was very complex, impractical and inefficient.

The forms which he advocated for the correction of malocclusion comprised chiefly the expansion arch and molar clamp bands and the leading orthodontists of to-day are using these same simple forms for treatment of the simplest, as well as the most complex, cases of malocclusion.

Certain principles of fixation of appliances are involved in their use; first, the inherent power in the appliance to hold to the teeth so that the patient cannot remove it, such as in the clamp band, and second, the use of phosphate cements to increase this holding power, as well as to prevent deterioration of tooth surfaces under the band, which otherwise would be possible.

With these general ideas of fixed appliances in mind, a description of these simple forms of fixed appliances, previous to the description of their efficient application for tooth movement, will not be inapropos.

### Clamp Bands.

First in importance relative to the fixation principle is the clamp band, which by reason of the principle of the screw and nut, is mechanically most effective in being a "fixed" band, adding this power to that of the cement in holding to the tooth.

Clamp bands are furnished by the supply houses under the following designations: D, X, No. 1 and No. 2. The D band is used on the molars, and has a tube soldered to the buccal side to receive the



end of the expansion arch. X bands are used on bicuspid and also have a buccal tube. The No. 1 band is the same as the X band without the buccal tube, and the No. 2 band is the same as the D band without the buccal tube. The D bands are made in three sizes: small, medium and large. In the proper adjustment of these clamp bands, and in their correct adaptation to secure greatest efficiency, it is desirable that the following successive steps be pursued:

To facilitate the adjustment of the clamp band, it is advisable to get a slight separation both mesial and distal (if there be a tooth distal) to the tooth which the band is to encircle. This may be done by passing a heavy ligature wire through the interdental space, bringing the two ends together and twisting them tightly around the approximal contact points of the teeth to be separated. If this wire is worn for a few days there will be sufficient separation so that the band may be easily worked to place, except in some adult cases which may require some other method of tooth separation.

In these cases, as well as in younger cases, ligature silk has been found very efficient for this purpose, and is used as follows: A double strand of fine silk, engaging a loop of ligature silk No. 3, is passed by the contact points and the loop of the ligature silk is drawn through the interdental space to the buccal side, leaving the two free ends presenting lingually. The floss silk is then removed, leaving the ligature silk between the teeth. One end of the ligature silk is passed through the buccal loop, the other end is grasped and drawn taut and the two securely tied together around the approximal contact points, clipping the surplus ends. Through the shrinkage of the silk ligature, sufficient space for the easy fitting of the clamp band may be obtained in any case.

#### Technique of Adjusting the Clamp Band.

Fig. 1 represents a D band as supplied by the trade. If the nut of this band were loosened up sufficiently to allow it to be forced over

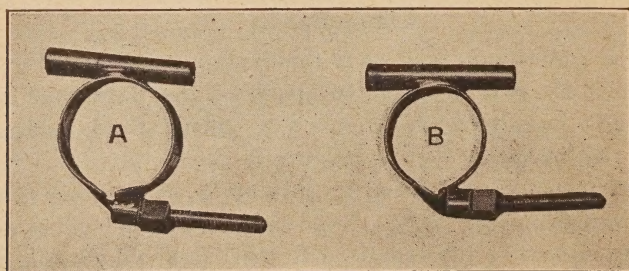


Fig. 1



the molar tooth, the edge of the band would impinge on the gum and cause unnecessary pain. To obviate this, the edge of the band that

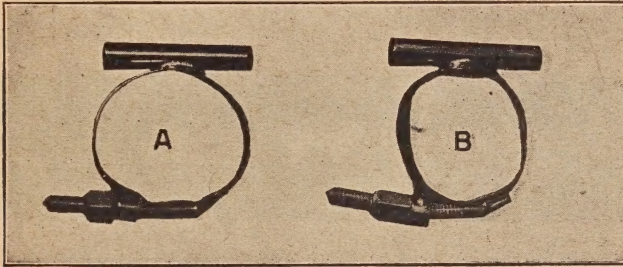


Fig. 2

presents to the gingiva should be shaped as shown in Fig. 2, with a pliers designed for the purpose (Fig. 3), and the mesial portion of the band should be flattened in such a way that when forced over the tooth the lingual screw will lie very close to the lingual surface of the second bicuspid. A piece of dowel wood shaped as in Fig. 4 is very servicable in forcing the band to place without bending the edge of the band. As soon as the band touches the gum so as to cause any annoyance, it should be clamped on the tooth by turning up the nut with a suitable wrench, thus making the band conform somewhat to the shape of the tooth. The nut must now be loosened up sufficiently to allow the band to be carried well toward the gingiva and then reclamped by turning up the nut.

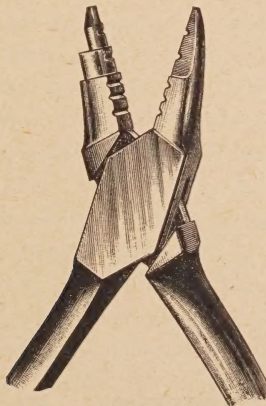


Fig. 3

The occusal margin of the band should also be made to conform to the tooth, and the instrument (shown in Fig. 5) devised by the writer, has been found very suitable for the purpose. It has fine serrations on each of two sides to prevent it slipping while pressing



the band to place. The edges are left smooth so that these parts of the instrument may be used as burnishers. This instrument is also very useful in removing various bands and in pressing plain bands to place when cementing them.

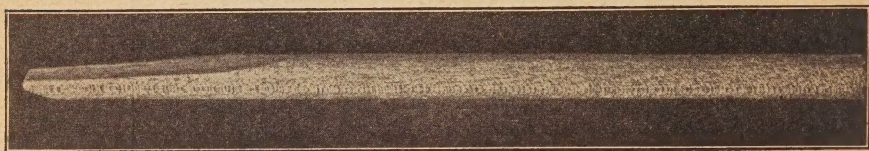


Fig. 4

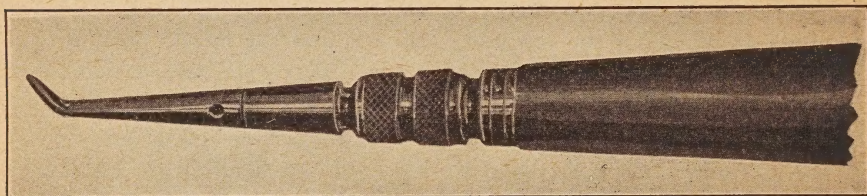


Fig. 5

#### Adjustment of Buccal Tubes.

The next step in the efficient adaptation of the clamp band is the determination of the position of the buccal tubes. If these tubes are not correctly placed, it will be impossible to properly adjust the expansion arch. The proper location of this tube is of such great importance that it would seem advisable that it should be sold separately, so that it might be soldered on after the band is fitted; for only in a small percentage of cases in which the tube is already attached will it be found to be in the correct position when the D band is properly adjusted.

Buccal tubes of some makes can be procured separately, but the best buccal tube for general use is that devised by Dr. Angle to accommodate the friction sleeve nut.

Wherever much expansion is required in the molar region the buccal tubes should be of such shape as to prevent the expansion



Fig. 6

arch rotating in them, thus obviating tipping of the anchor teeth (Fig. 6). The mesial end of the tube should be in such a relation to



the band as to allow the nut on the arch to occupy the buccal embrasure between the anchor tooth and the tooth mesial to it, as in

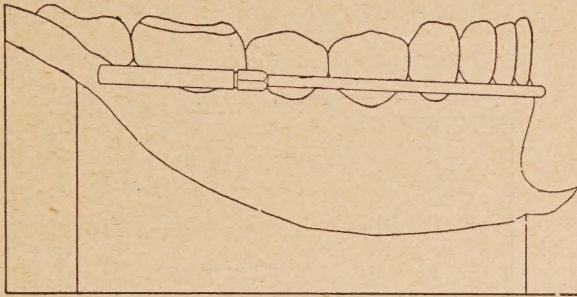


Fig. 7

Fig. 7. If for any reason this is impractical, it is then advisable to solder the distal end of the tube to the mesio-buccal corner of the molar band, and thus bring the nut in the buccal embrasure one tooth mesial to the anchor tooth, as shown in Fig. 8, necessitating the use of a shorter expansion arch.

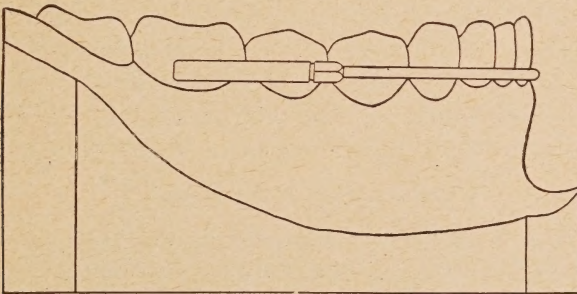


Fig. 8

The direction of the tube, with very few exceptions, should be such as to cause the arch when placed in the tubes to lie very close to, if not in contact with, the buccal surfaces of the teeth mesial to the anchor tooth. The direction of the tube on each band should so harmonize that when one end of the arch is inserted into the tube that is to receive it, the other end of the arch will lie on the same plane, from both a vertical and a horizontal view, with the tube of the opposite side, unless for some good reason subsequently to be stated a different position is advantageous. The tubes should be so placed that, with few exceptions, no bending of the expansion arch is required in order to have it assume its proper position in the anterior region, i.e., at the gingival border, Fig. 9.

Where the anchor bands are fastened to the first permanent molars and the deciduous cuspids and molars are in place, it fre-



quently happens that in order to prevent the expansion arch from impinging on the gum tissue, the direction of the buccal tubes must be such that it will be found necessary to bend each lateral half of

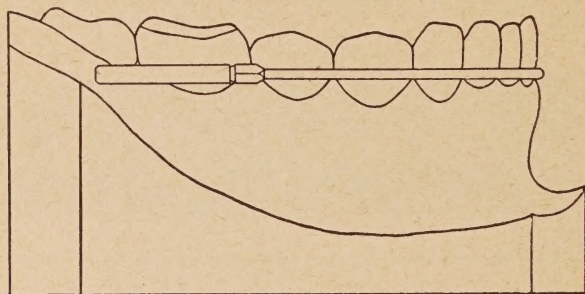


Fig. 9

the expansion arch just distal of the cuspids, in order that the front portion of the arch may assume its proper position in the incisor region.

In order to place the buccal tubes, as stated above, the band must be unclamped, the tube unsoldered, and re-soldered in the desired position. The band must then be reapplied and reclamped to be certain that the position of the buccal tube is correct. If found so, the band must now be removed and the tooth thoroughly polished so as to free it from all deposits and secretions.

### Cementation of the Bands.

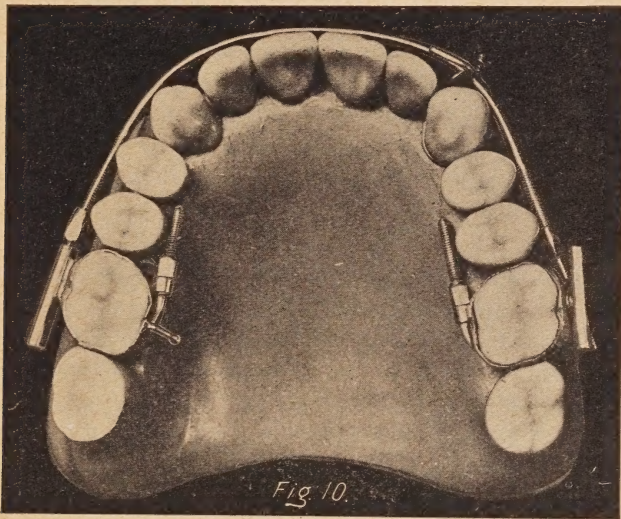
The bands may then be cemented on the teeth and securely clamped. As a cementing medium, Evan's Orthodontia Gutta Percha has been found very advantageous, as it is not necessary to have the tooth dry, and there is absolutely no danger of the gutta percha dissolving out.

If a zinc phosphate is to be used for cementing these bands in place, a semi-hydraulic cement should be selected. In using such a cement, it is not necessary to have the tooth perfectly dry; in fact, the cement will be stronger and better if there is a slight moisture on the tooth. However, cement cannot be depended upon to adhere to a tooth from which all mucous has not been removed.

The cement is mixed by first pouring out the required quantity of liquid on the glass slab; a small portion of powder is added to this liquid from the bottle by rolling it between the thumb and finger. This powder should be thoroughly mixed by a suitable spatula before any more powder is added. The longer this mixing process is continued up to one minute, the slower the cement will set. Then



little by little more powder is dusted out of the bottle and thoroughly spatulated until the proper consistency is attained. At this point of the procedure the tooth should be sprayed with some alkaline solution and the patient instructed to rinse the mouth out with an alkaline solution. This part of the work should be attended to by the assistant. The band is now filled with cement, the occlusal orifice of the band closed either with the finger, or better, a piece of No. 60 tin foil. This causes the surplus cement to escape from the gingival orifice of the band and removes considerable of the moisture, leaving just the amount required by such a semi-hydraulic cement.



The band on the opposite side is now adjusted in like manner. By means of the expansion arch, the direction of the buccal tube is now determined. This is done by inserting one end of the expansion arch into the buccal tube of the cemented band and holding the other end of it in its proper relation to the teeth on the opposite side and noting the relation this end of the expansion arch bears to the buccal tube that is to receive it. If found as in Fig. 10, and the resoldering of the buccal tube is neglected, when the expansion arch is sprung into position it is inevitable that the molar on that side will be rotated. In some cases the buccal tubes can be readjusted without soldering by using an instrument devised by Dr. Joseph Grunberg, and shown in Fig. 11. When the tube is so adjusted that the arch



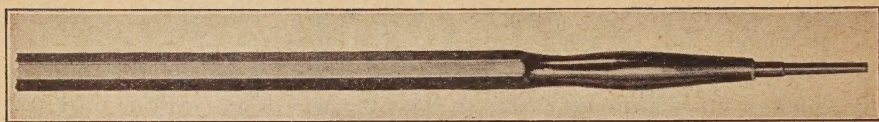


Fig. 11

will lie on the same plane with it from both vertical and horizontal view, the band is ready to be cemented in place. It is always well to mark one end of the expansion arch in some way that it can be placed in the same tube each time.

### Technique of Adjusting Plain Bands.

As it is found necessary to fit a number of plain bands, it is desirable that the material for these bands should be as thin as possible and yet be stable. Platinum and iridium, ten per cent. of the latter, has been found by a great many to be the most desirable metal for the purpose. It may be used as thin as .002 of an inch. Some operators have condemned this material on account of being too stiff. This stiffness can be overcome by annealing the roll of band material in an electric furnace. Fifteen-hundredths of an inch in width is a very serviceable size. Before shaping the band, one side of the strip of metal should be roughened by drawing it over a round file. The strip, with the roughened side presenting inward, should next be worked carefully around the tooth and well burnished to the lingual surface. It is then held with the thumb and finger and pinched with a suitable pliers so as to make it conform accurately to the shape of the tooth. After it is soldered in the usual way, a spur should be attached as desired for the case in hand.

The wire to be used for making such a spur should be as light as possible, and never should be heavier than the heaviest ligature wire, and if made from fifteen per cent. platinum and iridium, it can be lighter than this heavy ligature wire. Care should be exerted in placing the spur, so that when the ligature passes from the spur to the expansion arch, the tendency will be to withdraw the tooth from the socket rather than depress it therein. Bands of such thickness are so flexible that when soldered with pure gold they can be made to fit very closely nearly all of the ten anterior teeth in each arch. On fitting bands to partially erupted cuspids, it is often necessary to crimp the band by pinching on both the mesial and distal portions in addition to the regular lingual pinch usually required on a cuspid



band. Bands for the upper laterals usually require a small pinch at the disto-incisal angle. Where such extra crimps are necessary, solder should be used to unite the pinched surfaces and the surplus material trimmed away and the ragged edges filed and polished. After the tooth to be banded has been cleaned and polished and the cement prepared as described above, the band is filled with the cement and forced over the tooth. The lingual surfaces of the bands on each anterior tooth should be accurately burnished so as to leave as thin a layer of cement between the tooth and band as possible. This is for a double purpose: first, so as to lessen the probability of the lower teeth wearing through the bands on the upper anterior teeth; second, so as to force the cement around the approximal portions of the tooth where it may have been forced out by the band passing over the contact points. After this burnishing the band should be forced to its final position with a suitable driver by first pressing it on the lingual side of the band and then on the labial, using also light taps of the mallet to secure perfect adaptation.

#### **Banding Bicuspid.**

For some years I have been rotating bicuspids just as soon as the two cusps are through the gum. It is not an easy matter to pinch a band on a bicuspid in such a position, but I have obviated the necessity of pinching the band in such cases by having previously made up a number of plain bands varying in size two hundredths of an inch in circumference. These bands I have in stock and properly labeled, ranging from eighty-hundredths of an inch to one hundred and ten hundredths of an inch in circumference. When a case presents with a bicuspid as described above, I select the size band I think will encircle the tooth. If upon trial it is found to be too small, a larger one is selected and so on until the correct size is obtained. In this way I find I can band such teeth without causing any pain, and it has also been found that a very few weeks of gentle force causes these teeth to rotate without any trouble at all, and also that two or three months' retention of teeth so rotated is sufficient. Two or three years of retention is not always sufficient when rotation is begun after root and bone are fully developed.

#### **Degrees of Force in the Expansion Arch.**

Before considering in detail the application of the expansion arch, it becomes necessary first to designate the degrees of lateral spring force applied to the anchor teeth through the expansion arch,



so that an intelligent use of this force may be comprehended. This lateral spring pressure on the anchor teeth may be denoted as follows:

A—Denoting passive condition, i.e., when in position, the expansion arch exerts no lateral force.

AL—Denoting lingual force, i.e., when in position, force is exerted lingually.

AB—Denoting buccal force, i.e., when in position, slight force is exerted buccally.

AB<sub>2</sub>—Denoting greater buccal force than indicated by AB.

AB<sub>3</sub>—Denoting greatest buccal force.

Comparing the relative spring pressure of spring gold and German silver, the following caution should be observed:

Where spring gold is used for the construction of the expansion arches and great haste is not desired, it is never necessary to put more expansion in an arch than is necessary to move the teeth the required distance. Where base metals are used in the construction of the arch, it often becomes necessary at the beginning to put more expansion in the arch than the distance it is expected to move the teeth.

Now, for the sake of simplicity and clearness of description, the application of the expansion arch will be considered under several headings corresponding to the various tooth movements necessary to accomplish, taking up first the simple labial movement of the incisors, and then various combinations of tooth movements found necessary in everyday practice.

### 1. To Move Incisors Labially.

This can only be accomplished, without carrying the anchor teeth buccally or lingually, by so placing the tubes on the anchor bands that they are parallel with each other. This necessitates a sharp bend (Fig. 12) in the expansion arch just in front of the nuts, in order that the arch may lie close to the cuspids and bicuspid, and not interfere with the soft tissues. The arch must be bent so as to pass into the tubes without exerting any lateral spring, denoted



Exp. A. When one end of such an arch is inserted into the tube on the anchor band, the other end should lie parallel when passive with

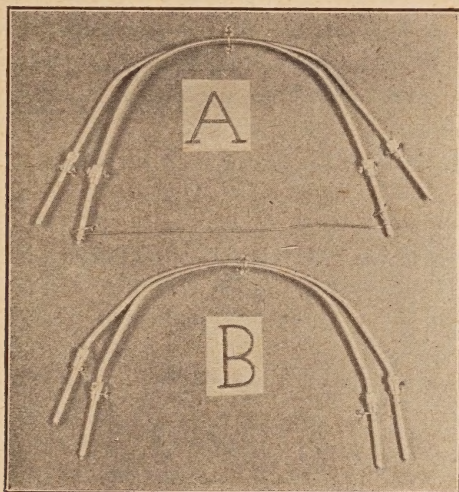


Fig. 12

the tube which is to receive it. The incisors to be carried forward are ligated to the arch and as the nuts are turned up this movement is accomplished.

If the incisors are unlocked or the molars are not sufficiently fixed to resist such pressure without tipping distally, as sometimes happens in Class 11, Division 2, it is advisable to solder hooks on the arch in front of the nuts and from these use intermaxillary rubbers on each side to hook well forward on the lower expansion arch. In this way the molars can be left undisturbed and they will be more useful as anchorage when shifting the lower teeth forward.

## 2. To Move the Incisors Labially, and the Cusps Bicusps and Molars Buccally.

In order to accomplish this it is only necessary to so shape the expansion arch that when the labial and buccal surfaces of the teeth are brought in contact with it they will have assumed the desired position or the shape of the ideal dental arch.

This is so simple that it would seem impossible for any one to meet with any difficulty, but it is rare indeed for a beginner to properly adjust an arch for such a purpose. The tubes on the anchor bands must be so placed that when one end of the expansion arch



is inserted in the tube the other end would, when passive, lie on the same plane, from both a vertical and horizontal view, with the tube is to receive it. If the dental arch is to be lengthened to any extent, which is done as in No. 1, it will also cause expansion in the region of the anchor teeth. Failure to realize this fact is responsible for over expansion in the molar region.

### 3. To Move the Incisors Lingually, and the Cuspids, Bicuspid and Molars Buccally.

This movement is often required in the upper arch in the treatment of Class 11, Division 1. The adjustment of the tubes on the anchor bands and the shaping of the expansion arch should be the same as in No. 2, having Exp. AB2. On trial on the model it will be found when passive to stand some distance from the cuspids, bicuspid and molars. When this expansion arch is inserted it should stand away from the cuspids and bicuspid and should be ligated to these teeth first. If the arch is not too heavy (.038 inch is sufficient) it can be brought into contact with these teeth and will be carried away from the incisors. The nuts should now be loosened so that the arch may be forced back until in contact with the incisors. If any of these are to be rotated they should be properly ligated to the arch, otherwise no ligating of the incisors is necessary. As the cuspids, bicuspid and molars on each side are carried buccally by the spring of the arch, the incisors will be carried lingually. An expansion arch so applied is practically automatic and may be allowed to go a month without attention. If nothing breaks, the worst that can happen is to carry the incisors too far lingually, and this can be readily counteracted by turning up the nuts on the arch. Note how the force is reciprocated from one side to the other and also to the anterior teeth.

### 4. To Move the Cuspid, Bicuspid and Molars on One Side, Buccally.

Usually when such a movement is necessary in either dental arch, the malposed teeth are inlocked by those of the opposing jaw. In order to overcome this inlocking without displacing the teeth on the opposite side, some precaution is necessary. It is obvious that it will not do to depend on the reciprocal force of the expansion arch, as in No. 3.—The attachment to the teeth on the normal side should be as nearly stationary anchorage as possible.



This may be accomplished in various ways, but the one here described seems the most applicable. The cuspid on the normal side is fitted with a plain band and a rigid wire is soldered from the end of the screw of the clamp band to the cuspid band. This necessitates care being used while cementing these bands in place, but the cuspid tooth, being easy to fit, there is little danger of the band coming loose. The buccal tube is so shaped that the expansion arch cannot rotate in it, and should be so placed on the band that the expansion arch will lie close to the bicuspid and cuspid on the normal side. The other end of the expansion arch should lie in the same plane, from both a vertical and a horizontal view, when passive, with the buccal tube which is to receive it, and should stand away the distance it is necessary to move the malposed molar buccally.

The arch is then inserted into the tube with the nut so placed that the arch lies very close to the incisors. As the inlocked molar moves buccally, the nut on the arch on this side should be turned up from time to time, so that the arch does not press on the incisors. If this end of the arch should tend to slip forward out of the buccal tube, it can be prevented by the adjustment of a rubber ligature

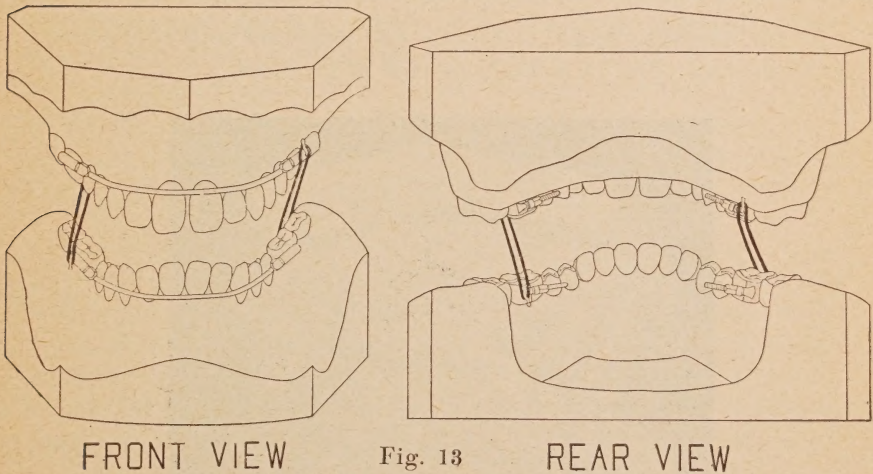


Fig. 13

over the back end of the tube and over a small hook soldered on the arch in front of the nut. When the molar reaches its proper position the second bicuspid may be ligated to the arch, and so on, one at a time, until all the malposed teeth are brought into proper position. In this way it will be seen that four teeth on the normal side, two of which must move bodily if they move at all, are pitted against



the inlocked molar. Subsequently, this molar can be straightened up by the proper application of retaining appliances.

Further reinforcement of this anchorage can be obtained by the use of intermaxillary rubbers on each side (Fig. 13).

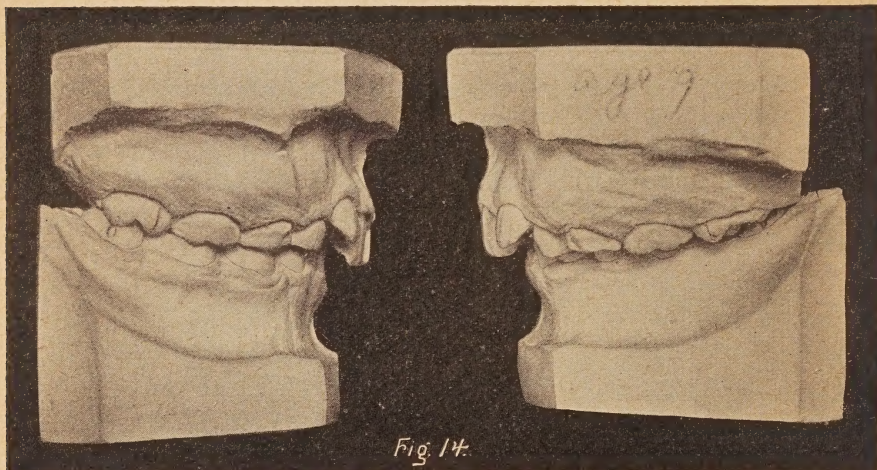
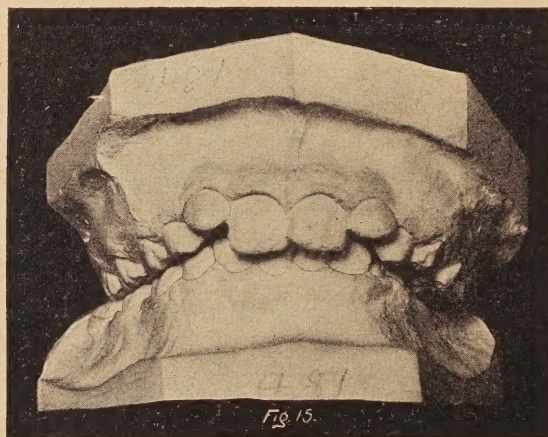


Fig. 14 shows profile views of a case requiring such application of appliances. Fig. 15 is the front view of the same.



##### 5. To Move the Cuspids and Bicuspid's Buccally on Each Side.

This can be accomplished without disturbing the other teeth by so placing the buccal tubes that when the expansion arch is inserted



it will rest passively in them. The expansion arch should be of the shape and dimension that the dental arch is to assume. It will thus be found to be some distance from the malposed teeth. By the use of silk ligatures these teeth can be caused to move buccally until they come in contact with the expansion arch. Or, if a light expansion arch is used, it may be ligated with wire so as to rest in contact with the cuspids and bicuspid and thus obviate interference with the soft tissues.

This necessitates the turning back of the nuts on the expansion arch, the front portion of which should be allowed to approximate the incisors. As the malposed teeth move buccally these nuts should be gradually turned up to prevent carrying the incisors lingually.

Obviously this would cause some temporary displacement of the anchor teeth. To prevent this, the expansion arch should have Exp. AB at the beginning, and when the cuspids and bicuspid begin to move it should be reduced to Exp. A.

#### 6. To Move Incisors Lingually and the Cuspids and Bicuspid Buccally.

In order to do this without disturbing the anchor teeth, if for any good reason the first molars are to be used as anchorage, it is advisable to have a swivel attachment of the buccal tubes to the anchor bands, which will be described under the head "rotating of molars." The simple way to bring about such a movement is to use X bands on the second bicuspid and treat as in No. 3.

(Cut Fig. 16—Missing).

#### 7. To Elongate Bicuspid.

This can be accomplished by use of an auxiliary spring soldered well to the distal end of the buccal tube, allowing it to pass forward occlusally of the expansion arch. With the expansion arch in place, and properly ligated to the cuspids and incisors, this spring is ligated to the bicuspid in infra-occlusion. It is usually well to band these teeth so that the ligatures may be attached to proper hooks (Fig. 16).

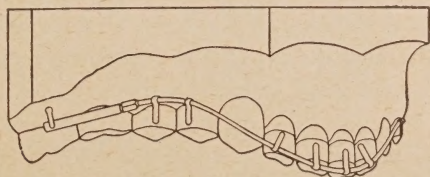


Fig. 17



Fig. 17 shows application of a light arch, as described by Dr. Case, to accomplish these same tooth movements.

Fig. 18 shows profile and front view of a case requiring such treatment. Fig. 19—the same after treatment. Fig. 20 is the profile and front view of the face before treatment, and Fig 21 the same views after treatment.

### 8. To Elongate Anterior Teeth.

Infra-occlusion is found in various sections of the dental arch. In this connection infra-occlusion refers to teeth that are so placed that it is impossible for them to be brought in contact with the teeth of the opposing dental arch. The incisors are more often in infra-occlusion than the other teeth, and the upper incisors more often than the lower ones. Where both upper and lower anterior teeth require elongating, the application of intermaxillary rubbers is of great assistance.

The teeth to be acted on should be fitted with bands which have on their labial surfaces suitable spurs to engage the arch, so that it cannot be moved toward the incisal edges of the teeth when the mouth is open and the rubbers put on stretch. These rubbers should be applied in a triangular way. To accomplish this, spurs are soldered to the upper expansion arch in the region of the distal surface of the upper lateral incisors. These spurs point toward the gingiva. On the lower expansion arch spurs are also soldered, pointing toward the gingiva and may be placed directly under the upper spurs or either mesial or distal to this point as desired.

The arches are adjusted so that when passive they will rest just above the spurs on the anterior bands. If such an arch is sprung so as to rest below these spurs (i.e. gingivally) the tendency will be to tip the molars mesially and elongate the anterior teeth. Sometimes it is advisable to have swivel attachments of the buccal tubes to the clamp bands, and then by the use of intermaxillary rubbers the molar tipping can be obviated.

Where the lack of vertical development is confined to the anterior teeth in one dental arch, the rubbers should not be worn. The tooth on each side most mesial and not in infra-occlusion should be banded and a wire soldered from it to the screw of the clamp band, as described in No. 4. This prevents the forward tipping of the anchor teeth and permits the expansion arch, which should be as light and elastic as possible, to spring from the front end of the





Fig. 18.

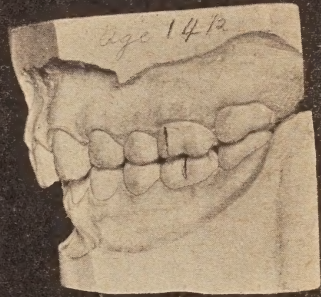


Fig. 18.

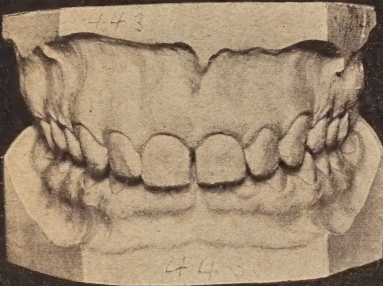


Fig. 18.

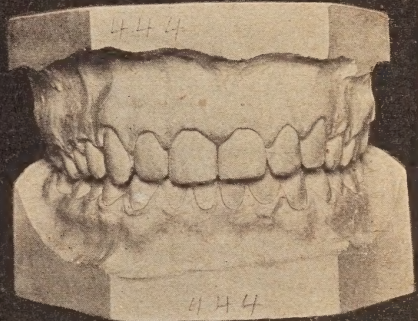


Fig. 18.

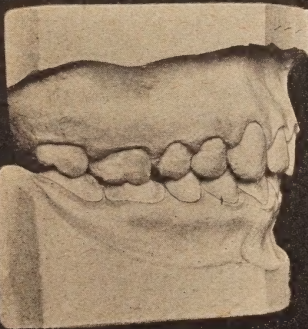


Fig. 19.

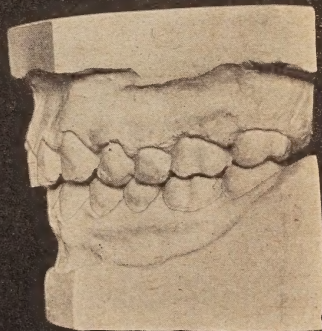


Fig. 19.







buccal tube on each lateral half to the point where it engages the spur most distal. Owing to the length of spring thus obtained, the delicacy of adjustment is much greater and the efficiency increased.

**9. To Rotate the Anchore Teeth, Causing the Disto-buccal Corners to Move Buccally.**

It is rare indeed to find the first malors, either upper or lower, requiring such a movement. When desired it can be easily accomplished by so placing the buccal tubes on the anchor bands that when one end of the expansion arch is inserted in the tube the other end of the arch, instead of being on the same plane with the tube from a vertical view, presents buccally towards its distal end. If both molars are to be equally rotated the arch should be removed and the end that was free in the first trial inserted in the tube on the opposite side.

The end that is now free should bear the same relation to the tube which is to receive it as the first did. When the arch is inserted it should stand away from the bicuspid on each side, and as the distal ends of the arch are caused to spring linguallly they exert a constant outward pressure and thus rotate the molars. If necessary, by ligating the arch to the bicuspid on each side, the pressure on the molars can be increased and the rotation hastened.

**10. To Rotate the Anchore Teeth, Causing the Disto-buccal Corners to Move Linguallly.**

This movement is very often required in order to establish occlusion, and, unlike No. 9, is often very difficult to accomplish. In young patients it can usually be done by putting a sharp bend in the expansion arch just in front of the nuts, causing the distal ends of the arch to present linguallly (B Fig. 12). An arch so shaped tends to work out of the tubes, and if not ligated to the anterior teeth it should be held in place by means of a rubber ligature on each side, as described in No. 4.

In older patients, and especially where the tooth mesial to the molar to be rotated has been lost, other means must be resorted to. The D band, with the screw directed distally, is fitted to the molar to be rotated. It is then removed, the buccal tube unsoldered, and to this band is soldered a suitable round tube in such position as to lie over the mesio-buccal corner of the tooth, and be parallel with its long axis when the band is cemented and clamped in place (Fig. 22a). To the buccal tube is soldered a suitable wire in the desired posi-



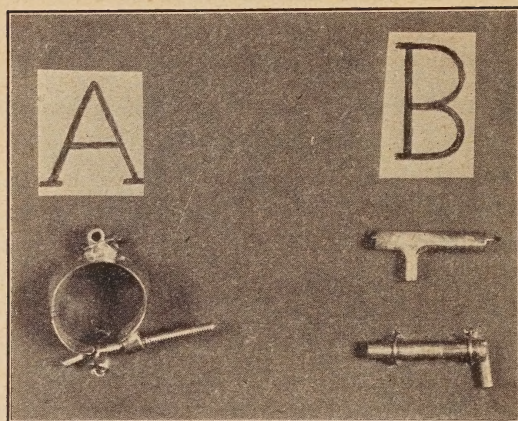


Fig. 22

tion (Fig. 22b), in such relation that when it is passed into the tube on the band the buccal tube will assume the proper position to receive the expansion arch, giving a hinge attachment between the arch and the band.

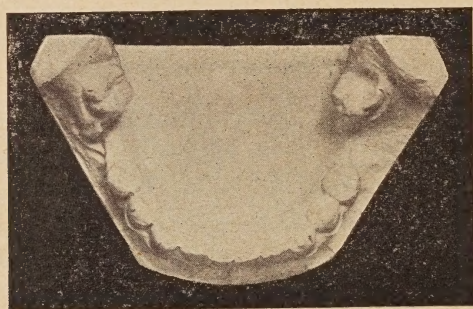


Fig. 23

Where the tooth mesial to the molar to be rotated is missing, as in Fig. 23, a suitable hook can be soldered to the expansion arch in such a position that a rubber ligature can pass from the screw on the molar band to this hook without exerting pressure on the tooth in front of the space. If this arrangement is used on each side it will be observed that we have established reciprocal force to rotate these teeth, and it is doubtful if any tooth can resist this constant pull of rubber.

Where no tooth is missing, a suitable wire of spring gold can be soldered to the molar band in such a position as to present lingually as it passes forward in the bicuspid region. This may now be



ligated to the expansion arch, and caused to lie in contact with the bicuspid. From time to time, as the ligature is renewed, this lever may be bent lingually before the new ligature is applied.

### 11. To Move Upper Incisors Lingually.

The adjustment of the buccal tubes and the expansion arch should be the same as in No. 1, except that the sharp bends in the arch should be some distance forward of the nuts. Owing to the fact that teeth move forward so much more easily than they move backward it becomes necessary to resort either to occipital or inter-maxillary anchorage. If the latter is employed, the lower expansion arch should be adjusted in such a manner as to establish as nearly as possible stationary anchorage. This will be described later.

### 12. To Move Molars and Bicuspid Lingually.

While this movement is not often required, it has been considered difficult to accomplish, but this is not so if the spring of the expansion arch is combined with the constant pull of rubber. A stiff arch should be employed and should be so shaped that in order for it to be inserted into the buccal tubes it must be sprung buccally. Such an arch will always tend to move forward, unless ligated to the anterior teeth. To do this is a mistake unless the incisors are to be moved labially or rotated. The expansion arch should be held in place, i.e., so as to press against the buccal surfaces of the bicuspid, by rubber ligatures, one on either side, passing from suitable books attached to the expansion arch over the distal ends of the buccal tubes.

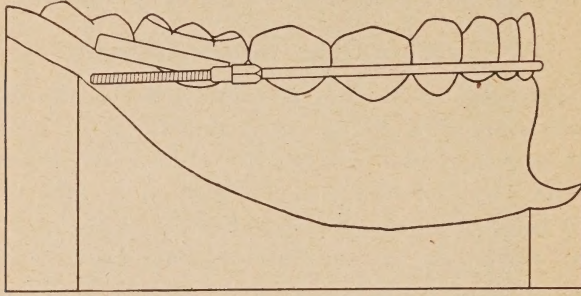
If it is desirable to move these teeth bodily it can be done by using the elliptical tube on the anchor band and a plain band on the first bicuspid, uniting the two by soldering a piece of stiff wire from one to the other on the lingual side, as described in No. 4. If this is done on either side and the arch inserted and worn long enough, the teeth will be carried bodily lingually.

### 13. To Straighten Up Molars Tipped Mesially.

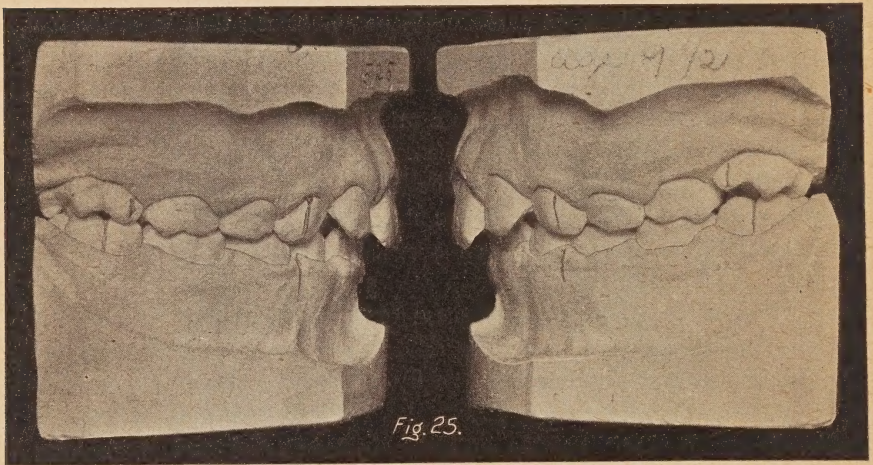
If but one molar is tipped, the tube on the anchor band for the normal side should be placed in the usual way. The other should be so attached to the anchor band that when the expansion arch is inserted in the tube on the normal side, the other end of the expansion arch should be on the same plane with the tube that is to receive it,



from a vertical view, but from a horizontal view the mesial end of this tube should present toward the gingiva (Fig. 24). If this arch



is now sprung in place the tendency will be to tip mesially the normal molar and at the same time straighten up the tipped molar. Owing to the difficulty of depressing teeth in their sockets, the normal molar scarcely moves at all and the tipped one is made to assume its normal position. Fig 25 shows a case requiring such treatment.



When a molar on each side of the same dental arch is tipped, the tubes should be placed so that when the arch is inserted the front portion will lie, when passive, at least one-eighth of an inch below the gingival border (Fig. 26). This arch should then be sprung to the proper position and firmly ligated to the cuspids and incisors. This will tend to tip the molars back and at the same time depress the anterior teeth. The later movement will be so slight, however,



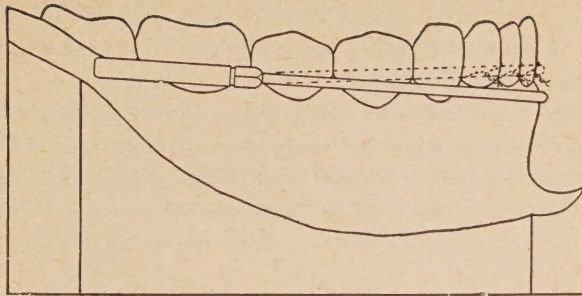


Fig. 26

that it will not be noticeable and as soon as the pressure is removed they will readily return to their former positions.

This manner of adjustment is also used to create stationary anchorage on the lower dental arch where desired but in such cases the expansion arch, when inserted into the tubes, should lie, when passive, closer to the gingival border of the anterior teeth than where it is desired to tip the lower molars distally.

#### 14. The Adjustment of the Arches and the Application of Intermaxillary Rubbers in the Treatment of Class II, Division 1.

It is always advisable to have both expansion arches in place when intermaxillary force is to be applied. Two methods may be employed, according to the movement required.

Where it is thought advisable to tip the molars distally, so as to place the inclined planes of these teeth in harmony with the molars of the opposing jaw, the expansion arch is adjusted in such a manner that as these teeth are tipped distally they will be in proper relation mesio-distally with the lower.

The upper arch should have suitable hooks, so placed that when the arch is inserted they will be on a line with the distal surfaces of the upper laterals. Over these, rubber ligatures are passed to the distal end of the buccal tubes on the lower D bands. One rubber on each side is sufficient at the beginning, and if more force is required later the number may be increased.

As the molars tip distally, the arch will require lengthening by turning up the nuts, so as to keep the front portion of the arch free from the incisor teeth. It will also be found necessary either to readjust the tubes on the anchor bands, or to put a bend in the arch on either side, so that the front section will be in proper position on the anterior teeth, which is at the gingival border. The lower arch is adjusted, as previously described, to create stationary anchorage.



This method of treatment depends very largely on efficient resistance of the molars to carry the lower teeth forward as they gradually assume their upright positions.

The other method is to bring about a mesial movement of the lower teeth, without tipping the upper molars distally. To do this the upper expansion arch should be adjusted as in No. 3. The lower expansion arch may be used as has been described, or one or more

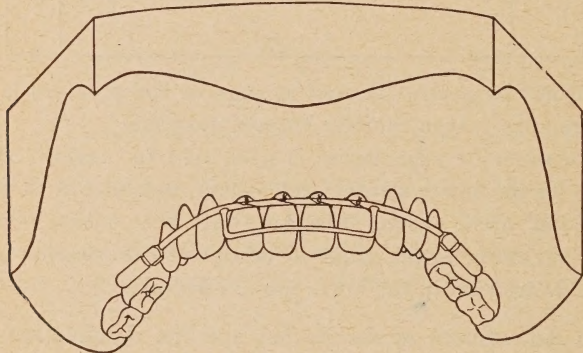


Fig. 27

of the front teeth may be ligated to the arch and moved forward by turning up the nuts on the arch, then, according to the case, two or more teeth may be ligated, and so on, until all the lower teeth are carried forward to their normal positions.

An auxiliary wire soldered to the front portion of the lower expansion arch, so as to engage the labial surface of the incisors and cuspids close to the incisal edge, has been found of value to prevent tipping of these teeth in their forward movement (Fig. 27). This wire should be of spring metal and not over .030 of an inch in diameter, so that it may be occasionally bent in such a manner that the arch will stand away from the labial surface of the incisors and cuspids when the auxiliary wire is in contact with the teeth.

In the treatment of a sub-division of the First Division of Class 11, the intermaxillary rubber should be worn on but one side, and may be adjusted according to either method just given for the treatment of the full division.

#### 15. The Adjustment of the Arches and the Application of Intermaxillary Rubbers in the Treatment of Class 11, Division 2.

As these cases usually require that the lower bicuspid and molars be elevated, it becomes necessary to use a bite plane of some



description, so as to prevent the back teeth from meeting when the jaws are closed.

As in No. 14, two methods may be employed, but the distal tipping of the upper molars in this case is far less indicated than in the treatment of the Division 1. It is preferable to use intermaxillary force, as stated in No. 1, to move the upper incisors forward, and later reverse the application of the intermaxillary elastic so as to carry the lower teeth forward and at the same time elevate the bicuspids and molars.

This can be done by soldering suitable hooks on the upper buccal tubes so that the intermaxillary rubbers can be applied in tri-

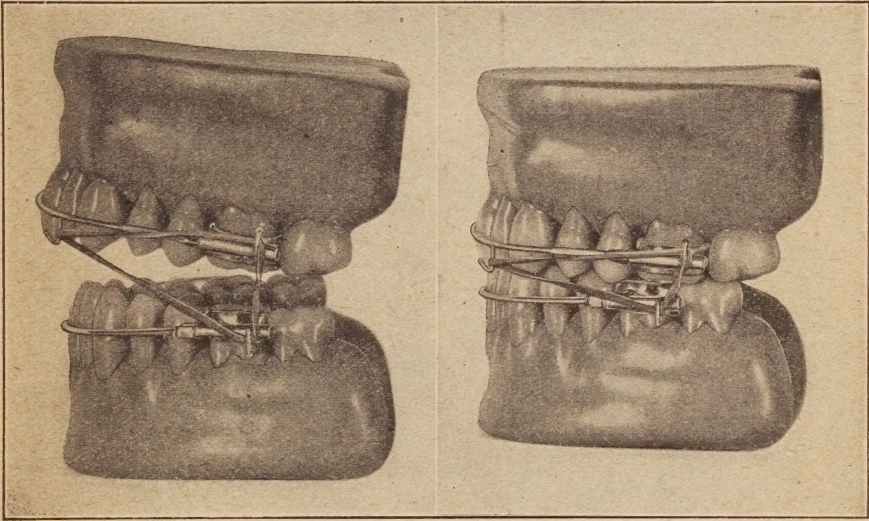
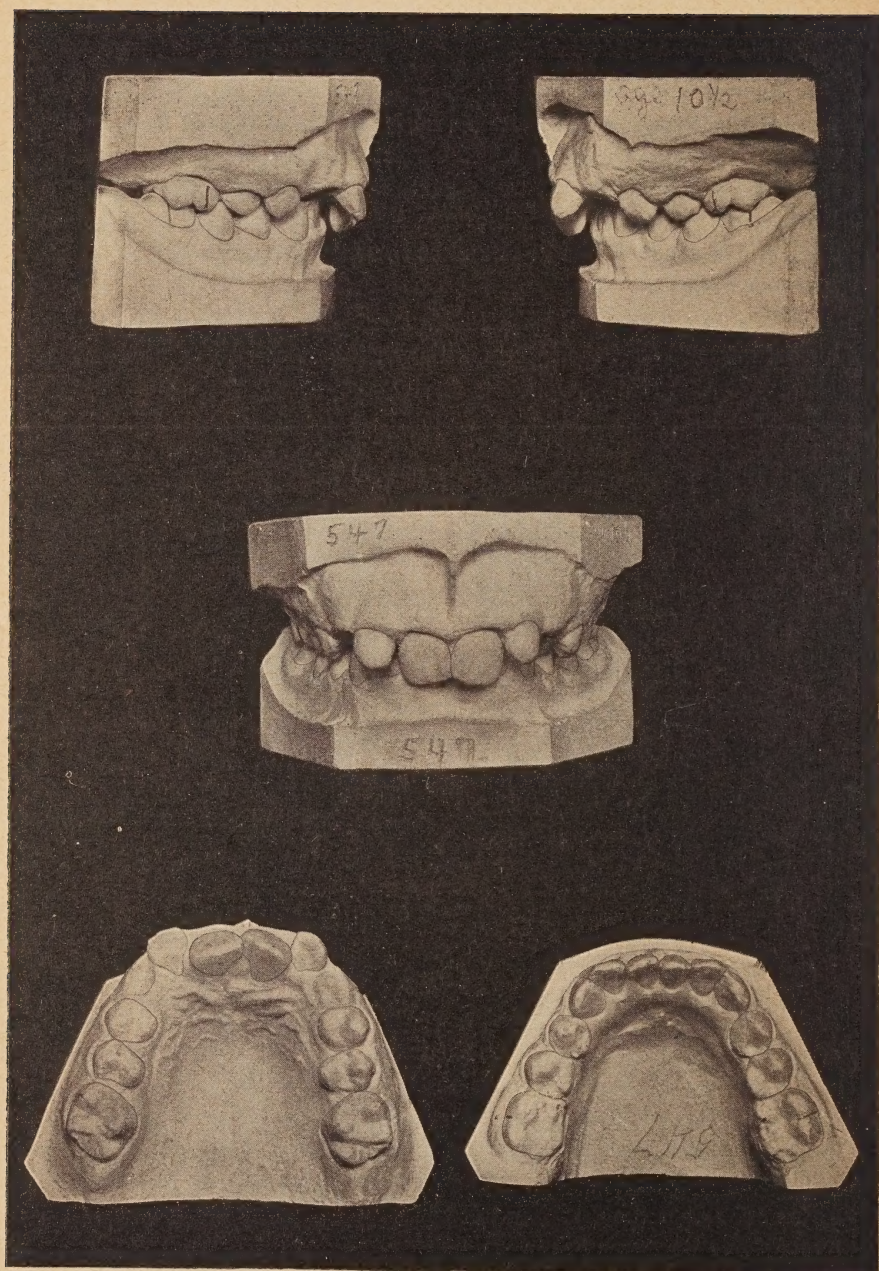


Fig. 28

angular shape, i.e., to pass from the hook on the arch in the lateral region the hook on the buccal tube on the upper and then over the distal end of the buccal tube on the lower on each side (Fig. 28). If necessary to increase the intermaxillary force a second rubber may be employed on each side, but in the usual way, i.e., from the hook on the upper arch over the distal end of the buccal tube on the lower. When two rubber ligatures are worn in this way, the one from the lower to the upper should be put on first. If this is not done the rubber ligature worn in the triangular shape is very liable to break.

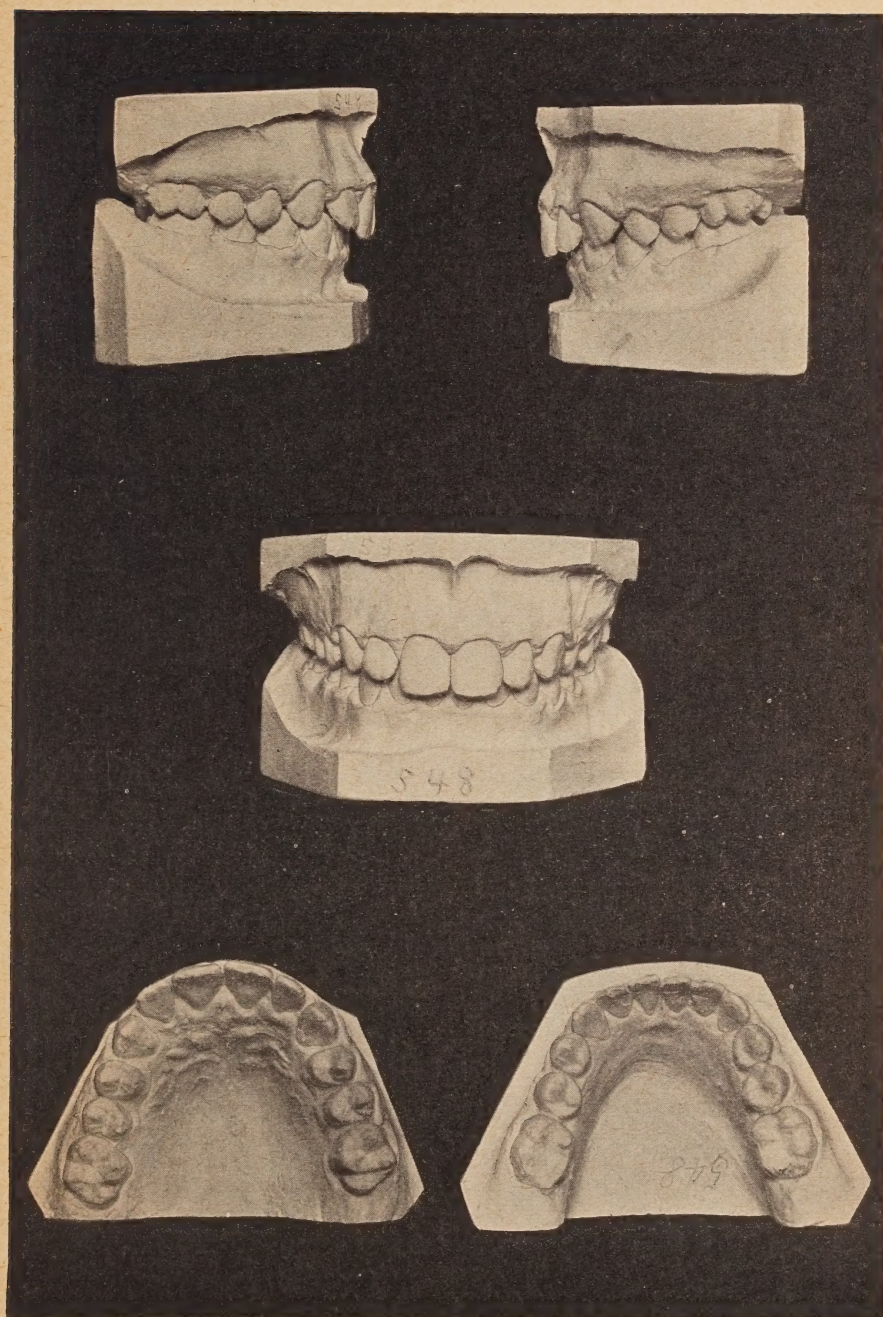




3 Upper Cuts—Fig. 29

2 Lower Cuts—Fig. 30





3 Upper Cuts—Fig. 31

2 Lower Cuts—Fig. 32



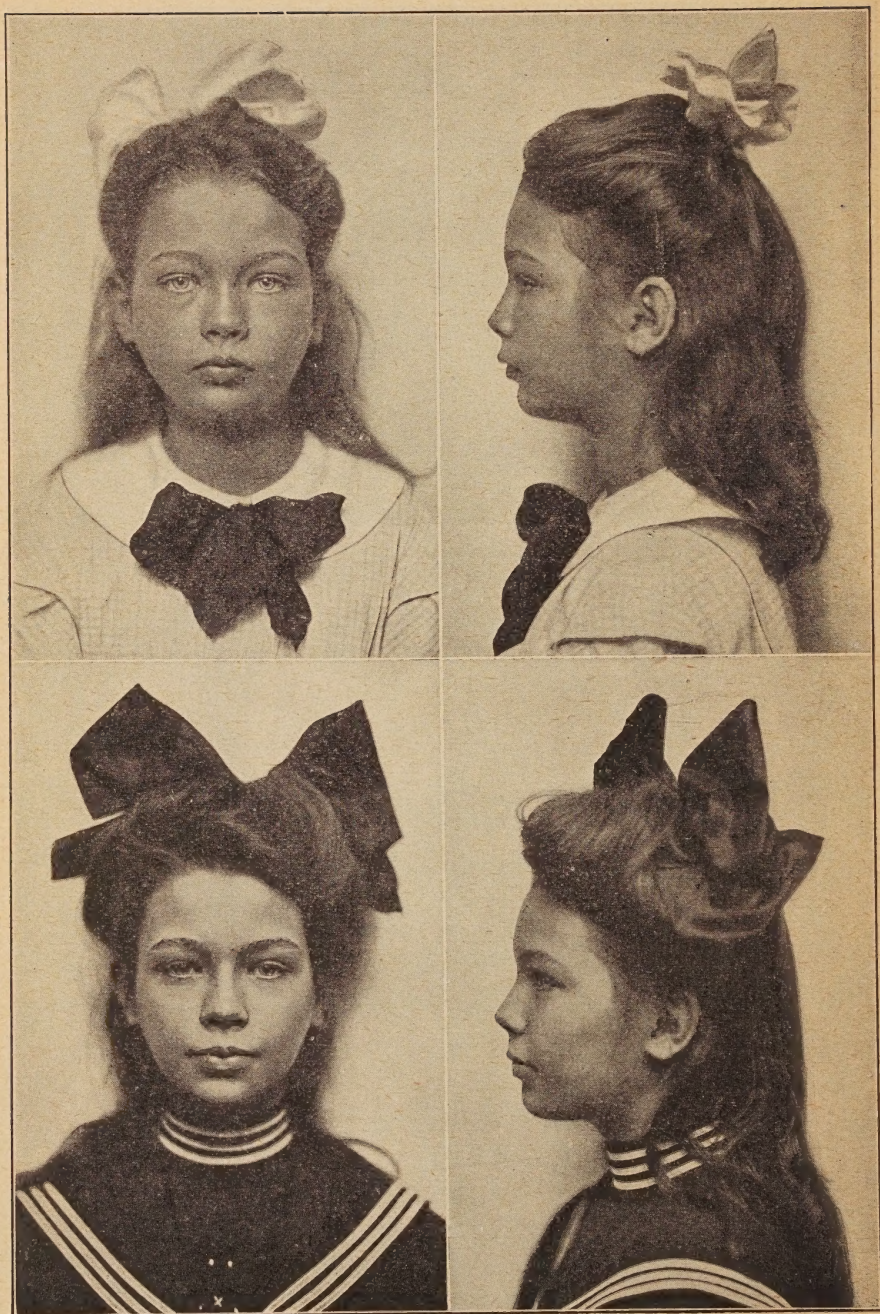


Fig. 33 and 34



The next figures show a case of this kind treated as described above. Fig. 29 shows profile and front view of models of the case before treatment; Fig. 30, occlusal view of the same; Fig. 31, profile and front view when retention was applied; Fig. 32, occlusal view of models at this time; Fig. 33, profile and front view of face before treatment, and Fig. 34, same view after treatment.

In the treatment of a sub-division of this class it is only necessary to apply the rubbers on the side that is abnormal.

#### 16. The Adjustment of the Arches and the Application of Inter-maxillary Rubbers in the Treatment of Class III.

In order to prevent, as much as possible, in these cases the labial tipping of the upper anterior teeth in moving them forward, an auxiliary wire should be soldered to the front portion of the arch, as described in No. 14. In pronounced cases of this class it will sometimes be necessary to elongate the anterior teeth as they are carried forward.

The application of the lower arch should be such as to embrace, as nearly as possible, all the lower teeth as a unit of anchorage, but it is impossible to establish stationary anchorage to the same degree as where intermaxillary force is applied in the opposite direction.

To accomplish this the lower cuspids are banded and to these is soldered a labial wire. On this labial wire are soldered four small U-shaped pieces made from irido-platinum round wire .022 of an inch in diameter, so as to engage each of the lower incisors on the labial surface just under the free margin of the gum. On the lingual side of each cuspid band is soldered a short round tube, the bore of which is .036 of an inch. To the lingual screw on each molar band is soldered an irido-platinum wire to pass forward and so bend as to fit in the tube on the cuspid band on each side, and should enter this tube from the gingival aspect.

The expansion arch is now adjusted with Exp. A, so as to rest as nearly as possible in contact with the teeth, and securely ligated to them. In this way very little tipping of the molars can take place.

N. B.—The above article appeared in "Items of Interest," Feb., 1912. Especially do we thank "Items of Interest" for loaning the cuts which aid to make the above paper invaluable for the undergraduate.

Dr. Grieve advises all undergraduate readers of Hya Yaka to save the above article as it covers, in concise form, a portion of the course in orthodontia in the R. C. D. S. Fig. 16. missing.—EDITOR.



## SHE SAID IT.

---

"You are no gentleman", she wrote, "If you think I said such a thing as she said you said I said I had said."

"Dear girl," he answered. "You must not think I think, you think you must be the kind of girl I think you must be if you said such a thing as you said she said I said you said you had said."

It seems he knew she knew he knew she said just what she said she heard he had heard her friend had heard him say he had heard her say, but with instinctive feminine tact she accepted his apology.

---

To shave your face and brush your hair  
 And then your Sunday clothes to wear  
     That's Preparation  
 And then before her door to smile  
 And think you'll stay a nice long while  
     That's expectation  
 And then to find her not at home  
     That's thunderation.

---

Jones '20—I am a self-made man.

Miss Barber—You certainly relieved the Lord of an awful responsibility.

---

Farewell, old tooth, thy parting gave me pain,  
 And yet, forsooth, I would not wish thee back again,  
     To abide with me.  
 And as I gaze upon thy wornout form, how innocent thou doth  
     appear,  
 One would not think the howling storm that filled my head  
     with pain and fear,  
 All came from thee.



# THE HYA YAKA

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VOL. XVII.

MARCH-APRIL, 1918

No. 3

## Notes and Comment

### MARRIED.

**WHITE-BRITTAIN**—At Oshawa, Ont., March 2nd, 1919, by  
Rev. Capt. John Garbutt, Miss Ethel May Brittain, Toronto, to Dr.  
James Gardener White, Brighton, Ont.

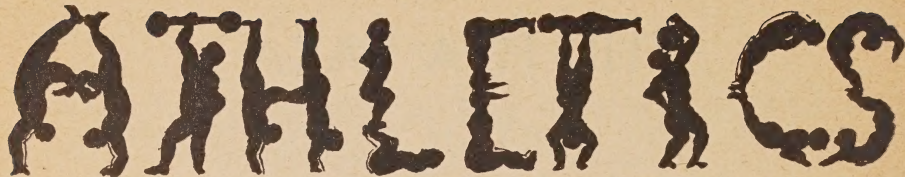
### 2 T. O. DANCE.

On Thursday evening, March seventh, the Sophomore and  
Sergeants class gave the best class dance that has ever been given.  
in Oddfellows' Hall.

At 8.30 p.m. about seventy-five couples, representing all the  
years, and a few visitors, thronged the large and excellent floor,  
and enjoyed the splendid music furnished by Strathdies Orchestra.

The music, hall and crowd went to make it the most enjoyable  
time of the year. We only hope class 2 T. O. will continue to keep  
up their good records and table a few more events such as the above.





## F.O.E. SNOWED UNDER BY VICTORIOUS DENTS

### Toothpullers Run Up Surplus of 22 Goals

Faculty was completely outclassed by Dents in Jennings Cup fixture at the Stadium last night. Team work marked the Dent play while individual work was what Faculty depended on. Dents for the greater part of the time were raining shots on Fritz, the F.O.E. goalie, who was the hardest worked player on the ice. The overwhelming superiority of Dents was evident from the time the bell rang for the first period. Dents secured the puck and swept down the ice three abreast, but their "com." was broken up by the Faculty defense. In a melee in front of embryo teachers, Dents notched one. After that they notched one on the average of every two minutes. Slater on a lone rush netted one for Faculty. Score for period 6-1.

Countryman, Dobbs and Forbes replaced Dales, Lisemer and Winn on the Dent line-up. This period was much the same as the first. Dents rushed Faculty and kept their goalie from freezing. Period ended with score 15-1.

Dents took things easy in the last period but notched 8 more to their long string, making the score 23-1.

Dents—Staples, Winn, Smith, Dales, Bartholomew, Liesemen.

Subs—Countryman, Dobbs, Forbes.

F.O.E.—Fritz, McIntyre, Barnaby, Slater, Pakenham, Garbutt.

---

## DENTALS TAKE ANOTHER GAME

### Come From Behind to Win From Red Shirts by 4 to 3

For the third time this season, Dentals, O.H.A. senior champions, showed their ability to come from behind and win when they defeated the Crescents by 4 to 3 in a game, the outcome of which was in doubt until the final gong had been rung. It was one of those contests that had the spectators "on edge" from start to finish. Dentals were without the services of their whirlwind forward, Box, who



was operated upon for appendicitis yesterday afternoon and who will be out of hockey for the balance of the season. The absence of Box proved a severe handicap for the champions, inasmuch as they missed his spectacular rushes and persistent back-checking.

Crescents blanked the Dentals in the opening period, scoring two goals on long shots from outside the Dental defence. In the second period Dentals scored twice, while the Crescents tallied once, while in the final period Dentals came with their well-known belated rush and notched two goals, holding the Crescents without a score.

### Milan and Sheldon the Stars

The champions may thank Milan and Sheldon for last night's victory, although Dr. "Jerry" Laflame probably played his best game of the season. But Milan was the man who was in the thick of the fray at all times, back-checked persistently and was always in place for a pass. He worked like a beaver and was travelling at top speed throughout the entire sixty minutes of play. He was one of the principal factors in wearing down the red-shirted Crescents. Sheldon, on the defense, was a tower of strength to his team. The Crescent forwards made many assaults on the Dentals' citadel, but it is doubtful if they succeeded in getting past the Dental defense cleanly more than twice or three times throughout the game. Not only was he effective on the defensive but his offensive play was a treat to watch. A speedy skater, a clever stick-handler and a good shot, he relieved his forwards many times by his brilliant rushes.

Smilie and Rennie were prominent at all times, while "Jimmie" Stewart turned in a high-class performance. Laflamme again displayed the headwork for which he is noted and his checking and rushing counted much in his team's victory.

### McLean an Improvement

The veteran "Bud" McLean succeeded Hodgen on the forward line for Crescents, and the substitution was beneficial to the team. While McLean needs several games before he will be at his best he worked until he was ready to drop and back-checked in the opening periods in good style. He weakened as the game proceeded. McCaffery and Glenn Smith played a nice game, although the latter failed to bore in on Dentals' offense, and missed several chances to score.

Merrick's effective "poke check" was again much in evidence, and he succeeded in breaking up many Dental onslaughts. Harry



Smith at centre worked hard, but opposed to Milan he was worn down by the latter and apparently weakened toward the latter and apparently weakened toward the close of the game.

The Teams: Dentals (4), goal, C. Stewart; defense, Laflamme and Sheldon; centre, Milan; wings, Smillie and Rennie. Substitute, J. Stewart. Crescents (3), goal Collett; defense, Smith and Merrick; centre, H. Smith; wings, McCaffery and McLean. Substitute, Farlow. Referee, Lawson Whitehead.

---

## DENTS DEFEAT MEDS IN HARD FOUGHT GAME

### Players Showed Inclination to Mix It—Score 2-0

In their Jennings' Cup fixture of Saturday morning, Dents succeeded in defeating Meds by the score of 2-0. The game was hard fought from beginning to end and only the good work of Staples in goal prevented the Meds from tallying on several occasions. There was a considerable amount of rough work noticeable, but both teams were well matched and the game was well worth seeing.

It took Meds a few minutes to wake up properly after hte first period started, but they soon got into their stride and pushed the Dents well back into their own territory. The "toothpullers," however, were not to be rushed in this manner, and about the middle of the period, Dales scored the first goal for Dents. Meds now came back with a rush and worked hard till the end of the period, but with no result.

### Second Period

The second period worked well and in the first few minutes of play, Dents rushed the puck down to the Med goal and Dales on a pass from Dobbs, again tallied. The rest of the period was taken up by rushes from one end of the rink to the other. The players showed a decided inclination to rough it up a little, until the referee put a stop to this by imposing several penalties of a minor nature.

### Third Period

The third period neither team scored, Walden, in goal for Meds, did some good work and saved them on several occasions. Dales worked hard, as well as the rest of the Dents team, but without avail, the Med defense having tightened up considerably, making Dents



take long shots. The game ended with the score 2-0 in favor of Dents.

For the winners, Dales is a mighty handy man to have around, while their defense is also something that it takes more than a novice to penetrate. For Meds, Dafoe, Watson and O'Connor showed up well, while Atwell at centre, played a good game.

The teams: Dents (2), goal Staples, defense, Bartholemew and Leisemer; centre, Smith; forwards, Dales and Winn. Spares, Forbes, Dobbs and Countryman. Meds (0), goal Walden; defense, McGillivray and O'Connor; centre, Atwell; forwards, Watson and Dafoe. Spare, Philips. Referee, Moore.

---

## DENTS TRIUMPH OVER PHARMACY

### Contest Rather One-Sided—Score 8-3

A rather one-sided game of hockey between Dents and Pharmacy was staged at the Stadium last Friday night. Dents easily triumphed. Final score 8-3.

A large crowd of rooters lined the boards and cheered for Dents. If there were any Pharmacy supporters present they were silent. The game was three quarters an hour late in starting and the lights had to be switched on before the end of the first period.

At the outset Dents could not get going. Pharmacy scored with very little effort by a long shot about three minutes after play had begun. Dents came to life and their forward line swept down the ice, three abreast and bombarded the druggists' goalie. They had the whole Pharmacy team bottled up in their own territory. The Dent defense had little to do. The Dent's shot were wild and went for the most part wide of the mark. The score at the end of the period was 3-1 for Dents.

In the second period Dents trotted out three substitutes, Countryman on defense and Dobbs and Winn on the forward line. They forced the play and notched two goals in quick succession. Pharmacy then scored and Dents got two more. Period ended 7-2.

The third period was more even although Dents had the edge all the way. Pharmacy scored on a long shot and shortly afterwards



Dale got one for Dents. There was some heavy body checking and slashing during this period. Final score Dents, 8, Pharmacy 3.

Pharmacy — Crosswaite, Roy, Dennis, Wood, Coughlin, O'Connor. Subs., Shields, Ross.

Dents—Staples, Bartholemew, Lisemer, Dales, Forbes, Smith. Subs., Countryman, Winn, Dobb.

---

### THE DEATH OF THE DEMONSTRATOR.

---

They brought him home a human wreck insane,  
He wasn't sick nor was he bored with pain;  
Delirious, he tore his hair with rage  
And screamed "My Boley Guage, My Boley Guage."



"Oh God, the're on the wall, the're on the floor,  
The're on the chairs, and hanging to the door;  
See, see, there's one just missed me by an ace,  
And two are running 'round as in a race."

"Bring me my Boley Guage," we heard him shout.  
"This bed I'm on is a millimetre out,  
And move me mesic—distally—hurry! quick!  
The springs are not in contact with the tick!"

As time went on a Boley Guage was found,  
They put it in his hand and stood around.  
He kissed it, then he pressed it to his breast  
And cried: "Incisors! Groves! in peace I rest".

A Colossal Boley Guage of wondrous height  
Was set up on his grave one stilly night  
"Sulcus rugae septum" was on the scroll  
Which means "You bet I'll measure all their coal".





# MIRTH



## FROM OVER-SEAS.

The major, inspecting the stables, complimented the trooper as a humanitarian when he saw him feeding his mount a lump of sugar.

"I wasn't making much of the horse," confessed the trooper. "It threw me off this morning, and I am trying to get even by giving him the tooth-ache."

---

## HIS BIT.

"George has written a patriotic song to help win the war."

"So I hear. Aren't the modern methods of warfare horrible?"

---

Perhaps you all don't know it, but nevertheless it's true: Dr. A. J. McCarthy, one of the popular demonstrators at the University has a young lady at his home. Although only six months of age, it is rumored in certain circles that this same young lady is the boss of the entire McCarthy works. Only a few evenings ago the Mc's had company and Betty was allowed to remain up a little later than usual on that account. When she was finally tucked under the covers and her mother thought her sound asleep, the Victrola was started and the first piece played was God Save the King. This was repeated on request of Mac, who had just received a commission in the Army, and for that reason was feeling unusually patriotic. After the second rendition a wee voice called down the stairs, "Mamma, don't play that again, I'm too tired to stand any longer."

---

We like the beautiful brunette,  
We don't despise the winsome blonde,  
But best of all the girls we've met  
Is little Miss Iona Bond.



Miss Backer '21—So that's your new tie, eh? Why on earth did you select such a loud pattern?

Smith '21—I didn't select it. My brother did, and he's slightly deaf.

---

"That is an eight-day clock, madam," explained the dealer. "It will go eight days without winding."

"Gracious!" exclaimed the customer. "And how long will it go if you don't wind it?"

---

"I shall never scold my husband again for spending so much time at the clubs."

"Tell me about it."

"Well, last night a burglar got into the house and my husband knocked him senseless with a poker. I've heard several men speak of him as a poker expert. He has evidently been practicing at the club for just such an emergency."

---

A young gentleman purchased a new shirt in a certain shop, and on arriving home, fitted it on, but was not satisfied with it. The next day he took it back to the counter where he had purchased it, but this time a young lady was in charge of the department. "Excuse me, miss," he said, "I bought this shirt here; can I change it at this counter?"

"Oh, dear me, no!" said the embarrassed girl. "You'd better go to a private room."

---

A cashier of somewhat portly build was frowning over a statement of accounts just placed before him by his pretty typist. "As a young lady," he said, "I admire your type, but I can't honestly say I admire your typing."

"How funny," she replied smartly, "we are so different for, though you are of course splendid at figures, no one could say you have a splendid figure."



## GWINE IN DE INFRONTRY.

"Yes, I's registered alright, and I's already concreted. What you goin,' join de infrontry or de cabalary?"

"No cabalary fer mine, I's gwine bein de infrontry. When de General sound de word 'RETREAT,' dis nigger don't want to be bothered with no horse."

---

Snider '20—Why is an artificial denture like the stars?

Wagner '21—I don't know.

Snider '20—Because it always comes out at night.

---

Smith '19—What's this, waiter?"

Waiter—It's bean soup, sir.

Smith '19—I don't care what it's been. What the deuce is it now?

---

According to some of the dietitians from "over-there," a cold charlotte russe is nothing more than camouflage ice cream.

---

My Tuesdays are meatless,  
My Wednesdays are wheatless,  
I'm getting more eatless each day;  
My home it is heatless,  
My bed it is sheetless.  
They've gone to the Y. M. C. A.  
The barrooms are treatless,  
My coffee is sweetless,  
Each day I get poorer and wiser;  
My stockings are feetless—  
My trousers are seatless—  
Ye gods how I hate that damn kaiser!

---

The Juniors have been assigned their days for Hospital clinics and appear to enjoy the change.



Renfrew, Ontario, March 20th, 1914.

Dear Sir:—

Knowing that you are always interested and open for an investment in GOOD LIVE BUSINESS PROPOSITIONS I take the liberty of presenting to you what seems to me to be the most wonderful business, and in which no doubt you will take a lively interest; and perhaps write me by return mail the amount of stock for which you wish to subscribe towards the formation of this company.

The object of this company is to operate a large Cat Ranch in Northern Ontario, where land can be purchased cheap for the purpose.

To start with we will have about one million (1,000,000) cats, each cat will average twelve kittens a year. The skins run from ten cents each for the white ones to seventy-five cents for the pure black. This will give us twelve million skins a year to sell at the average of thirty cents a piece making our revenue about ten thousand dollars a day gross.

A man can skin fifty cats a day at \$2.00 and as it will take a hundred men to operate the ranch, therefore the net profit will be about nine thousand eight hundred dollars (\$9,800) a day.

We will feed the cats on rats and start a rat ranch next door.

The rats multiply four times as fast as the cats. If we start with one million rats we will have therefore four rats per day for each cat.

Then we will feed the rats on the carcasses of the cats from which the skins have been taken, giving each rat one-fourth of a cat.

It will thus be seen that the business will be self acting and automatic all the way through. The cats will eat the rats and the rats will eat the cats and we will get the skins.

Awaiting your prompt reply and trusting you will appreciate this opportunity to get rich very quickly, I remain,

Yours very truly,

BARNUM BUNKUM.

P. S. Eventually we will cross the cats with snakes and then they will skin themselves once a year and thus save the cost of the mens' wages for skinning them.



**BROKE, BROKE, BROKE.**

---

Broke, broke, broke—

I have squandered my uttermost sou;  
I have failed in my attempt to utter  
One trivial last I. O. U.

Oh well for the infant in arms  
That for ducats he need not fret;  
Oh well for the placid corpse  
It has paid its final debt.

And dun after dun came in,  
Each bringing his little account;  
But oh! for the touch of a five dollar bill  
Or a cheque for a large amount.

Broke, broke, broke,  
My course as a student is run;  
I'll back to my childhood's home  
And play the prodigal son.

---

Best '21—"How did you lose your hair?"

Gott '21—"Worry."

Best—"What did you worry about?"

Gott—"About losing my hair."

---

Davitovich '21 trying to get out of a crowd at Varsity—"Some jam isn't it?"

A Young Lady—"Well don't bother taking my scarf with you."

Davitovich—"Oh, thanks! I have one of my own."

---

Drilling teeth is not the only pastime that the students of R. C. D. S. are partaking of. Two hours four nights a week are enjoyed prancing up and down in Military style.



## READY TO DISTRIBUTE

Julia rushed to her mother one day in a most excited frame of mind: "Oh, mother, we have had the most exciting time! We've been playing postman, and we gave every lady on the block a letter."

"But, dear, where did you get those letters?"

"Why, we found them in your trunk in the attic all tied up with a blue ribbon."

---

POOR FRESHIE.

The shades of night were falling fast,  
As from the Dental College passed  
A youth who, though his books belied,  
To every trying lash applied.  
"Dental Anatomy".

His face was pale, his brow was sad,  
But being a courageous lad  
His eye still shone with a hopeful gleam;  
A murmur still as in a dream.  
"Dental Anatomy".

At break of day, as from repose,  
The inmates of the house arose;  
'Mid brightness of the moon so fair  
A voice cried through the startled air.  
"Dental Anatomy".

They found him at the first of May;  
Haggard and pale, a corpse he lay,  
And as they looked in terror dread,  
His form arose and sadly said.  
"Dental Anatomy".

---

"My husband hasn't been arrested for over twenty-five years,"  
said a lady of color another lady of the same pigmentic tendency.

"Neither has mine," said the other, "he's up for life, too."



WISE OR OTHERWISE

---

Handle the hardest jobs first each day. Easy ones are pleasures.

---

Be glad and rejoice in the other fellow's success—study his methods.

---

It is not enough to acquire ideas, it is important to preserve them.

---

The great thing in this world is not so much where you stand as in what direction you are going.

---

There is nothing like having a good rip, if you live up to it.

---

God gives every bird its food, but He does not throw it into its nest.

---

Listen! Don't over talk, give the patient credit for having some horse sense and DON'T promise miracles.

---

Have a good presence and be your own letter of recommendation.

---

SHOUT YOU and whisper me and your story will carry home straight to the heart of the listener.

---

One half an hour spent each day in a particular line of study is about the best investment any man can make.

---

There is in every man the power to do something worth while.

---

Opportunity knocks frequently, but sometimes wears mittens.

---

The man who has no respect for himself cannot expect others to respect him.



As much as possible Be.

---

Right hand men are always scarce.

---

Our minds are like certain vehicles, when they have little to carry they make much noise about it but when they are heavily loaded they run very quietly.

---

The things you are going to do don't count unless you get them done.

---

Probably you have noticed that the road to success is shy of rapid transit facilities.

---

The world respects the man who believes in himself even if he is wrong.

---

Work wins where luck looses.

---

Some men loaf around the hotel of life expecting prosperity to page them.

---

If you do not think enough of yourself to take the best of care of yourself no one else will.

---

It's pretty hard to push a man up a ladder if he doesn't want to do a little climbing himself.

---

Well begun is half done.

---

Who goeth a borrowing goeth a sorrowing.

---

When you give your best you can expect the best in return.

---

There is a vast difference between wishing and winning.

---

After you tell a white lie once or twice it begins to turn black.



Not what you do; but how you do it is the test of your capacity.

---

The professor was showing a friend round his chemical laboratory. "What has become of Jim Fillbottle?" the friend asked. "Wasn't he studying with the class last year?"

"Ah, yes," replied the professor. "Fillbottle, poor fellow! A fine student, but absent-minded in the use of chemicals—very. That slight discoloration on the ceiling—notice it?"

"Yes."

"That's Fillbottle."—Tit-Bits.

---

When a doctor makes a mistake he buries it.

When we make one we cheerfully acknowledge and correct it.

---

Magistrate—What was the prisoner doing?

Constable—He was having a very heated argument with a cab driver yer worship.

Magistrate—But that doesn't prove he was drunk.

Constable—Oh, but there weren't no cab driver there, your worship.

---

Stewart '20—"Did you get that fellow's number?"

Bateman '20—"No, he was going too fast."

Stewart—"Say, that was a fine looking dame in the car."

Bateman—"Wasn't she?"

---

"What makes that hen in your back yard cackle so loud?"

"Oh, They've just laid a corner stone across the street, and she's trying to make the neighbors think she did it."

---

Drewbrook '19—"It's wonderful, but I had a deaf uncle who was arrested, and the magistrate gave him his hearing the next morning."

Hord '19—"That's nothing, I once had a blind aunt who walked into a lumber yard and sawdust."



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Dental Trading Co., 237 College St.

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Ingram & Bell, 256 McCaul St.

Ritter Dental Mfg. Co., Rochester, N.Y.

Temple, Pattison Co., Ltd., 243 College St.

White, S. S., Dental Mfg. Co., College St.

Sanders Dental Supply Co., Spadina and College Sts.

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Parke, Davis & Co.

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Canadian Oral Prophylactic Ass'n, Ltd.

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YOU**

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- 3—To disseminate dental education.
- 4—To do acts of charity.

Of the two objects of the Association the first two provide money to carry out the second two.

Examine the HUTAX preparations, be convinced, then recommend them, and assist in the good work.

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TORONTO**

*Order as D. 110.*

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prices.

Look for this Trade Mark



It Stands for Quality

THE  
**Sanders Dental Supply Co.**

Dominion Bank Chambers, Spadina and College St.  
Walk around the corner—It pays. **TORONTO.**

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TO BE OF SERVICE MUST BE  
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in manufacturing Dental Goods.

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Established 1820

Canadian Branch: 11-13 Grenville Street,  
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---

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---

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*The*

17 #4

# HYA YAKA

November, 1918



PUBLISHED BY THE STUDENTS OF THE  
ROYAL COLLEGE OF DENTAL SURGEONS  
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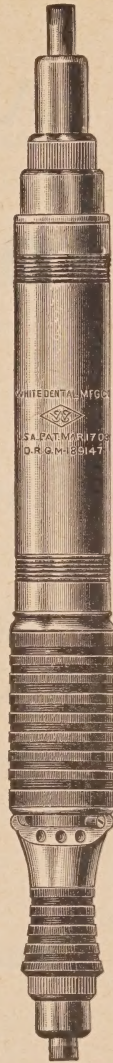
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# HYA YAKA

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# A Sure Cure

---

Abou Ben Had'em—may his tribe increase—  
Awoke one night from a deep dream of peace.  
He rolled him over, and his form he eased,  
He fixed his pillow—then, behold he sneezed!  
He cooled his forehead with a pillow slip;  
He said: "By jing, I have got the grip!"  
He called—his household angel quickly came,  
With lamp in hand a good and portly dame.  
She gave him barks, she gave him boneset tea,  
But naught relieved his fearful miseree.  
She gave him stuff that made poor Abou sweat,  
Then rubbed him down, but still he suffered yet.  
She gave him pills and squills both thin and thick,  
And still her patient was most awful sick.  
And must poor Abou die? O fearful thought!  
She got some whiskey and she made it hot,  
She filled up Abou to his royal throat  
And made him fuller than an alley goat.  
He rose and dressed himself—he left his bed,  
And then he painted half the city red.

## L'Envoi.

Next day beneath the magisterial crest  
Abou Ben Had'em's name led all the rest.

—The Khan.



# THE HYA YAKA

Vol. XVII.

Toronto, November, 1918.

No. 4

## X Ray Pathology, or the Experience of a Dental Radiographer

Frank D. Price, D.D.S., L.D.S., Toronto, Canada.

I do not remember ever having seen an article of this character in a dental journal. It should be of interest to students contemplating the use of an X Ray machine.

I want to first speak in a general way on the subject. Every exposure of vital tissue to X Ray has some effect on that tissue. A dentist who had often sent patients to me for radiographs once said that it seemed the exposure to X Rays always cured the abscess. Yet every X Ray operator is in constant fear of harm to himself and rightly so. He puts walls of defence around his tube or in sheet lead partitions with lead glass window, in the hope of saving himself. What then is the mysterious thing that he fears and what harm can come to him? I want to say what I can on this subject, because I know several dentists who have only lately purchased X Ray machines and I know of others who contemplate such purchases. I know harm may come from the use of an X Ray machine, and know that X Ray is of such marvellous value in dentistry that its use must increase.

It is very possible that the future X Ray machine will be different in character from those now in use so that the present dangers will be eliminated. Our present method of producing X Rays is to ionize air or gas by placing it in a high vacuum, then by use of a high electrical potential, drive the negative electrons from the atoms against a target so they will rebound against the wall of glass. The interference of the glass to the high velocity of the negative electrons heats the glass some, but also changes to another form of energy the X Rays. I want the reader to have some conception of the amount of energy in the operation. We would expect this energy to do something. There are enough horses still in use for us to have some idea of one horse power. My X Ray



machine takes about 20 amperes over the 115 volt circuit, or about three horse power. Some medical units take two or three times this amount. Most of this three horse-power is transformed to the high voltage on the secondary winding of the machine. A little is transformed to heat and some is radiated into the atmosphere from the poles and conductors of the secondary. But our meters register the amount passing through the tube. Ten milamperes through our tube with voltage of 150,000 means we still have 1,500 watts or two horse power. This amount of energy in the form of physical force or heat or light would be very manifest to our senses. But here we have a force that we have no sense with which to comprehend it. Moreover, as light and heat are radiated so is this new force radiated. Light and heat stop their radiation at the surface of our bodies, but this force penetrates into and through our bodies. We do know something of heat and light with their vibrations from 400 billions to 1,200 billions per second. We are finding out a little about X Rays with about 288 quadrillions vibrations a second. I am sure that from ultra violet light up to and above the vibrations of the X Ray are fields of energy that we laymen do not know much about. I want our fellows to not be too sure that all the danger is from X Rays. I have reason to know that no lead glass shields or other shields enclosing every part of a tube otherwise exposed to the operator is a sure defence against harm. We supposed that as the X Rays passed away from one hemisphere only of the tube that we were rather safe opposite the other hemisphere. I know with my machine this is not true. I do not know, however, that there is much greater harm received from the side where the direct rays are emitted. What may be the effect of the high magnetic potentials in the coil or transformer which extend a measurable distance away? What may be the effect of the high positive and negative electric potentials to the tube? Burns very similar to the X Ray are produced by ultra violet rays. As I said before what of the whole field between the heat and the light manifested in the tube and the X Rays also produced?

Now for my experiences and then my theories. About eighteen years ago when I began using X Rays it was being reported that a few individuals were having their hands destroyed by X Rays, but then there was no known defence against the rays. We looked through the fluoroscope at the bones in our hands and gave exhibitions to our friends before the bare tube. In holding the fluoroscope with one hand and exposing the other hand, the backs of both



hands were most exposed. An erythema or redness was first produced. The skin became thin, shiny, scaly, cracking easily and healing slowly. The nails became flattened and dry. Longitudinal lines formed that developed into splits that were not obliterated by the growing of the nails. Several small warts developed that were more or less itchy and did not respond to usual treatments for their removal. As soon as possible a leaded rubber shield was put over the tube leaving a round hole for the rays to pass to the patient. Leaded rubber gloves were also used. I have a good film holder and can get truer, better negatives by holding the film in the same plane as the teeth. And I had too much concern for the patient and the benefit of the radiograph to the operator, to save myself. I tried to keep all but my gloved hands away from the rays passing through the diaphragm in the shield. But I noticed that with much use of the machine my face would smart with every exposure. My eyes also burned. Friends made very uncomplimentary remarks about my appearance of poor health. I took to the hills and woods every Saturday to get health. X Rays was part of my practice for my own patients and for the other fellows and I was quite alone and could not easily throw it up. Moreover, it was such an insidious, undefinable, invisible, mysterious thing that little could be proved about it. But I had to give up holding the films, trust that to the patient, and get behind the tube and machine. The stirring of the dental conscience by Dr. Hunter, the growing knowledge of the relation of dental infections to other pathological conditions, and the growth of general dental knowledge called for more X Ray work. During the last few years I think I have made about a thousand exposures a year. I think the climax came last winter and spring. I lost fifteen pounds in weight. All gland secretion, I suppose, were checked. I was drying up. During the nights last winter, my mouth and nose and bronchial tubes would be dry, bone dry. My tongue would get dried to the roof of my mouth so it would hurt to pull it away. Catarrhal trouble I used to have was dried up. Long wakeful hours and light sleep was the rule. Yet I was happy. I am always happy. Appetite was never sharp excepting after the Saturday outing, which was one of the joys of life. I have become so sensitized to the rays that if I am near the tube I feel a half nauseating weakening, sinking nerve depression in my body as if I were about bled out. I had a doctor examine me carefully and he could find nothing wrong; said I should go slower. In addition to the defence



around the tube I put a big panel with lead glass window to get behind. Lead is expensive now and hard to get, and perhaps iron would absorb the magnetic waves, so I used sufficient thickness of iron plate to stop a bullet. At first I thought I was fixed up, but I am not altogether sure. When the machine and tube are in operation the room is filled with ether waves. Not only barium platinum cyanide and other such chemicals as we use in the fluoroscope, fluoresce under the impact of X Rays, but the plaster on the wall does, and living bodies do in a large degree, and weakened rays come back at us from every direction. Our defence may stop the X Rays, but there are rays no defence we put up will stop. The spark on an X Ray machine is the same as used in wireless transmission. These are intercepted and received in the hold of an armored vessel behind massive gun mountings and engine boilers.

And now for my own conclusions. The most harmful rays are the X Rays. A mild exposure to X Rays may be stimulating. All that any dental patient ever gets is surely beneficial. I once tried in vain to stop an extended fistula by treating a tooth, but a few exposures to X Rays stopped it. Maybe it was because the bacteria more quickly succumbed than the human cell life. A mild exposure to X Rays may be stimulating, but I think that much exposure is inhibitory to cell multiplication and probably to cell growth. All vital functions are associated with, or caused by, a force that is much like and perhaps a form of electricity. We cannot tell all that is happening within and without an X Ray tube. Electric currents properly applied stimulate health. But with our high potential, even the atoms in the tube are torn to pieces, the negative electrons are driven with infinite velocity against the walls of the tube and lots of things happen outside the tube. I have seen a sun-beam on a tube in operation. The tiny motes in the air would be driven against the tube, getting their static charge and fly away again. The vital forces in the nuclei of living cells are demoralized, over-powered. The fine balance of the negative or positive attraction or repulsion within the cell is upset. The cell cannot divide and multiply itself by division. I never heard of X Ray burns being experienced at the time of exposure to the rays. There may soon afterwards be an erythema or dermatitis. It may be several days afterward, even up to four weeks, before the tissue begins to break down. Areas of vascular cells have been disorganized. The physico-chemical or chemico-vital processes have been stopped. It is known that nitric acid as well as ozone is produced



in the atmosphere by the secondary poles of the machine. It has been conjectured that nitric acid or other chemical is produced in the protoplasm of the cell. The process of disintegration in X Ray burns is slow. The cells most affected cannot recover their function and therefore die. The cells about the periphery of these cannot multiply and so the sloughing wound has no defined boundary and for a long time will not heal. Antiseptic dressings do harm. The only remedy is protection from cold and infection. Pain is usually intense. I think the best treatment is to cut back to healthy tissue. Probably the reason that, or X radium rays, destroy tumors is that the tumor cells are of lower order than the body cells and die first.

Fortunately for the present day operators we are not liable to have burns. I was told to-day of an operator in this city who has lost his sight. Dental operators hereafter are not likely to suffer that loss. But occasionally I visit an operator who is liable to have some of my experience. He goes in front of his tube perhaps to see the color. I judge the penetration of the rays by the parallel spark gap and the time of exposure by the milam-meter. The tube on my side is generally all covered. I look through lead glass at it in any case. To the operator who exposes himself there is to-day little effect to be noticed. Neither can he see any difference the next day or any day for a long time. The effect seems to be cumulative. The process of nutrition, assimilation, metabolism, secretion, and even digestion are slowed. He is not building up as fast as he is going down. In fact he is aging before his time. Catabolism has set in.

Better begin right. Do not fool or play at all with your machine. Use it, and every time you need it use it. Nothing in your office can do higher service. Nothing else in your office will so fit you for the best service, or may develop the best in your character. I think we must depend on clamps or the patient's hand to hold the film. We must get behind baricades. Sterility may be easily brought about by the processes above described. The most vascular tissues suffer most. I used to stand on the other side of the patient. I don't need to now. When I applied to the medical houses for a lead shield they showed me monstrosities both in design and cost. I had a beautiful panel made of quartered oak, finished like machine and office, with a lead glass window in it and hinged it to the corner of my machine. If I had room to get behind the machine (my machine is too heavy to move easily) I would have it as part of the machine. A defence four or five feet from the tube is about a thousand times



as good as the same against the tube. The effect is inversely as the square of the distance. If a dentist from the beginning has a shield over his tube and is behind a screen always when operating, I am sure he could spend his lifetime safely with all the use he cared to make of X Rays. The screen should be lined with sheet lead or heavy sheet iron, painted for appearance.

The best medicines to bring about recovery from radioitis are fresh air, plain food, exercise, massage and sleep. Who of us have time to take the last three? Warmth helps. Cold paralyses me. I cannot resist it. Before Saturday comes I often feel as if I was going under. I have hardly spent Saturday in the office in six years. Winter and summer Saturday is usually spent at landscape architecture, cottages and gardens. Monday morning finds me in shape all alive again. It is apart from my subject but I believe, especially for the dentist who has Sunday school or other important Sunday work, that a whole day off every week, say Saturday, will be found gain and not loss. A dentist is in enough better shape physically for the most exacting kind of work, to do in five days and do better what he otherwise would attempt in six days. He could make a good living for a lifetime and that is enough. And the fun and the culture and the many other benefits possible on a week day are incalculable. This is the medicine for all dental office maladies. Without it I would not be living, and with it lots of good fellows would now be living.

---

### CRUEL ! CRUEL !

---

He clasped her in a dispassionate embrace. The very sofa thrilled with emotion.

"And one day, light of my life," he cried, "you will be mine—all mine—all of you! Those silken tresses, those sky-blue eyes, that rosebud mouth, those dear, darling, pearly teeth, that show like seashore shells and are more precious to me than the world's wealth! Let me gaze on them, my beloved!

Again the sofa thrilled, and a shrill voice from beneath startled the pair:

"Why don't you take 'em out and show him, Dolly?"

Then she shut her mouth with a snap.



## University Buildings Closed by Order of Caput on Account of Influenza Epidemic

---

NO LECTURE WILL BE DELIVERED FROM 1 P.M. TO-DAY  
UNTIL NOVEMBER 5th AT 9 A.M.

---

Time to be extended if Epidemic persists.

---

The University of Toronto will remain closed until Tuesday, November 5th at 9 a.m. This decision was reached at a meeting of the Caput of the University at 11 o'clock today. For the last week or so classes and lectures have been very poorly attended, in many cases less than 25 per cent. of the registration being present. Several of the outlying colleges have already been closed owing to the epidemic of influenza which has broken out in Toronto, and the decision to close the entire University did not come as a surprise. The influenza has already gained considerable ground in Queen's Hall, Burwash Hall and St. Michael's College. In the latter college over sixty cases are reported.

### Dental Faculty Closed.

The Royal College of Dental Surgeons, in the interests of the students and the infirmary patients and as a preventative measure and to allow physicians and nurses on the Staff to lend their aid in fighting the "flu" elsewhere. All clinics and infirmary appointments have been postponed for two weeks.

The entire life of the University is naturally disrupted. All class functions, meetings and sport schedules have been cancelled. The University sermons have been postponed.

### Mulock Cup Series.

It was planned this year to run the Mulock Cup Series under a double schedule, but in all probability this will have to be revised and the games played under a single schedule. St. Mikes and O.T.C. played the initial fixture last night and this will likely be credited in the new schedule.



### Will the Term Be Lengthened.

The great question just now is will the term be lengthened or what steps will be taken to make up for the time lost owing to the "flu." The Registrar of the University, when seen by The Varsity re this matter, remarked, "Sufficient unto the day is the evil thereof." The consensus of opinion around the University seems to be that the Christmas vacation should be shortened rather than the term prolonged next spring.

---

### LAST MONTH WILL BE REMEMBERED AS "BLACK OCTOBER."

---

#### Returns on Epidemic Indicate Highest Mortality Ever for Ontario.

---

Although returns to the Provincial Health Board of deaths during October are even yet by no means complete, and although the Board does not preserve a record of deaths by non-communicable diseases, the statistics in hand unfortunately indicate beyond question that October, 1918, will be remembered in history as "Black October," with the highest mortality showing that has ever been recorded in this Province. The disproportionate ratio of death is of course, attributable and attributed to the epidemic of influenza that has ravaged the country, the very latest reports indicating that the situation still is a serious one in various outlying centres of population.

As the regulations of the Board of Health do not require the reporting of Spanish influenza and pneumonia among communicable diseases—although many of the local health boards have done so—the only means at the department's command for even approximating the Provincial toll of death by the epidemic is from the returns of the undertakers.

The deaths for October from influenza and pneumonia, which have been already reported at 3,015 will, therefore, it is officially stated, "fall very far short of the actual number."

Although the disease has been so prevalent everywhere, and has had its share of patients among the Dental students, we are glad to report that there hasn't been a death among the student body or staff.



### White November.

If October is considered "Black October" because of deaths caused by 'flu' and the heavy casualties on the Western Front, would it not be in place to term November "White November?"

The war news has been very favorable even to the fact that the Germans have asked for an armistice and it has been celebrated right royally by all the students. The 'flu' has practically abated and the attendance at R.C.D.S. is as good as desired.

The war is over—Blandin, '19, sharpened his instruments in preparation for another.

---

### INFLUENZA: SOME INTERESTING FACTS ABOUT ITS HISTORY, PREVENTION AND TREATMENT.

Influenza, which is now sweeping over Canada from one end to the other, is a very old disease. It was known in ancient times, and as early as 1510 it over-ran the whole civilized world. For centuries it periodically swept over various parts of the world. The last great world epidemic was in 1889-1890 when it was generally known by the French name of la grippe. The disease has always travelled from east to west.

#### Symptoms.

The symptoms are similar to those of a heavy cold: more or less severe headache, cold in the head and throat, fits of sneezing, flushed face, chills, aches and pains in the back and limbs, pains in the eye-balls and behind the eyes, general physical depression, and temperature to between 101 and 104 degrees.

#### How to Prevent It.

As it is such an old disease, doctors have naturally learned a great deal about its prevention and treatment. The first principle of prevention is to keep away from those infected, and the second, to build up the germ-resisting parts of the body by eating nourishing foods, dressing comfortably, getting lots of sleep, and by living in the open air and in bright, well-ventilated rooms as much as possible. The mouth, throat and nose should be systematically and frequently disinfected by antiseptic inhalations, sprays and washes. Such preparations as chloretone and listerine are well adapted for this purpose.



In fighting previous epidemics, doctors found quinine a useful preventive. One grain of sulphate of quinine mixed with (but not dissolved in) a wineglassful of cold water makes an excellent antiseptic gargle. The anti-microbic properties of quinine are well known and its use as described above at once relieves the symptoms of sore throat, which result from the strain of the fight between the white blood corpuscles and the invading germs in the tonsils—the body's first line of defence. Quinine is also given internally with success as a preventive. In one of more recent outbreaks in Europe an experiment was tried in which the men of one squadron of a regiment of cavalry were each given  $7\frac{1}{2}$  grains of quinine in half ounce of whisky daily for twenty-two days, whilst those of the other squadron were given none. The latter squadron had from 22 to 44 cases each of influenza, whilst the squadron treated with quinine developed only four cases. Inhalations of oil of eucalyptus, thymol, oil of mountain pine and the like are also valuable as preventives.

#### How to Treat It.

When a person is struck by influenza, only course lies open. That is to take to bed with the least possible delay, and call a doctor. Rest, warmth and quiet are three sovereign remedies of the primary disease, and the best preventative of its more deadly complications, of which pneumonia is the most frequent. While there is no specific for influenza, yet there are many drugs which play a useful part in relieving it, such as quinine, asperin and various tonics, anti-neuralgic, antiseptic and heart medicines, to be prescribed by the physician in charge.

#### What to Eat.

The dietetic rules which apply to any fever apply equally to influenza. Liquid foods at first, solids a little later on in a gradually ascending scale from lightly boiled fresh eggs to chicken, roast joints, etc. Water, cold or hot, may be sipped or "egg water" may be given. This excellent dish is prepared by blending with a pint of cold water, the whipped whites of from two to four eggs, flavoured with salt or cinnamon. Then the animal broths may be given. There are many cases in which even the lightest foods are spurned with loathing and common sense must be used in adapting diet to the particular case in hand.

#### Precautions Against Influenza.

1. The sick should be separated from the healthy. This is



especially important in the case of first attacks in the household.

2. Discharges from the nose and mouth should not be allowed to get dry on a pocket handkerchief or inside the house, office or factory. They should at once be collected in paper or clean rags and burned. If this cannot be done, they should be dropped into a vessel containing water.

3. Infected articles and rooms should be cleansed and disinfected. Use disinfectants everywhere. Wash the hands frequently.

4. Those attacked should not, on any account, mingle with other people for at least a period of ten days from the commencement of the attack. In severe cases, they should remain away from work for a longer period.

5. Special attention should be given to cleanliness and ventilation. Warm clothing should be worn, the feet should be kept dry all unnecessary exposure avoided.

---

### Births.

To Mr. and Mrs. H. Humphreys, of Guelph, a son.

### Marriages.

JOHNSTON-SNARY—At Thamesville, April 3, 1918, Miss Vera Snary and Mr. H. E. Johnston were united in marriage.

---

### SUCCESS.

\* By Archie Austin Coates.

---

My oldest brother studied hard at college and became a lawyer with a big practise. Now he is married and lives in Metuchen, N.J.

My second brother played baseball at college, and became persona non grata to the faculty after two years. Now he earns fifteen thousand dollars per annum and has a wife who is a lady doctor.

I—I ran away and joined the navy. I am usually broke, but there's a girl in Barcelona, one in Honolulu, one in Stockholm, and one in New Orleans—and they're all true to me!

# Drugs and Their Uses in the Practice of Dentistry

## Antipyretics—

Tinct. Aconite  
Asperin  
—

## Antiseptics and Disinfectants—

Hydrogen Peroxide  
Formo-Cresol  
Menthol  
Campho-phenique  
Tinct. Iodine  
Oil Cajaput  
Oil Cassia  
Oil Eucalyptus  
Alcohol  
Phenol  
Oil Cloves  
Creosote  
Tricresol  
Formaldehyde  
Thymol  
Pot. Permanganate  
Sodium Potassium  
Sulphuric Acid  
Phenol Sulphonic Acid  
Aristol  
—

## Astringents—

Adrenalin Chloride  
Silver Nitrate  
Zinc Chloride  
Tannic Acid  
—

## Bleacher—

Sodium Peroxide

## Carminative—

Aromatic Spts. Ammonia  
Oil Cassia  
Oil Peppermint  
—

## Cauterants—

Silver Nitrate  
Phenol  
Trichloroacetic Acid  
Zinc Chloride  
Sulphuric (in canals)  
Phenol-Sulphonic (in canals)  
Potassium and Sodium  
(in canals)  
—

## Counter Irritant—

Aconite and Iodine  
—

## Detergents—

Hydrogen Peroxide  
Alcohol  
—

## Diaphoretics—

Tinct. Aconite  
Camphor  
—

## Emollients—

Glycerine  
—

## General Anaesthetics—

Chloroform  
Ether  
Ethyl Chloride



**Irritant—**Tinct. Iodine  
—**Local Anaesthetics—**Paraform  
Cocaine Hydrochlorate  
Ethyl Chloride  
Anocain  
—**Local Anodynes—**Menthol  
Camphor  
Campho-phenique  
Phenol  
Oil Cloves  
—**Protective—**Collodion  
—**Sedative—**Tinct. Aconite  
Potassium Bromide**Solvents—**Water  
Chloroform  
Alcohol  
Xylol  
Cajaput  
Eucalyptus  
—**Stimulant—**Camphor  
Aromatic Spts. Ammonia  
Alcohol (Whiskey and  
Brandy)  
Strychnine  
—**Styptics—**Hydrogen Peroxide  
Trichloroacetic Acid  
Adrenalin Chloride  
Dialized Iron

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**BUY BONDS**

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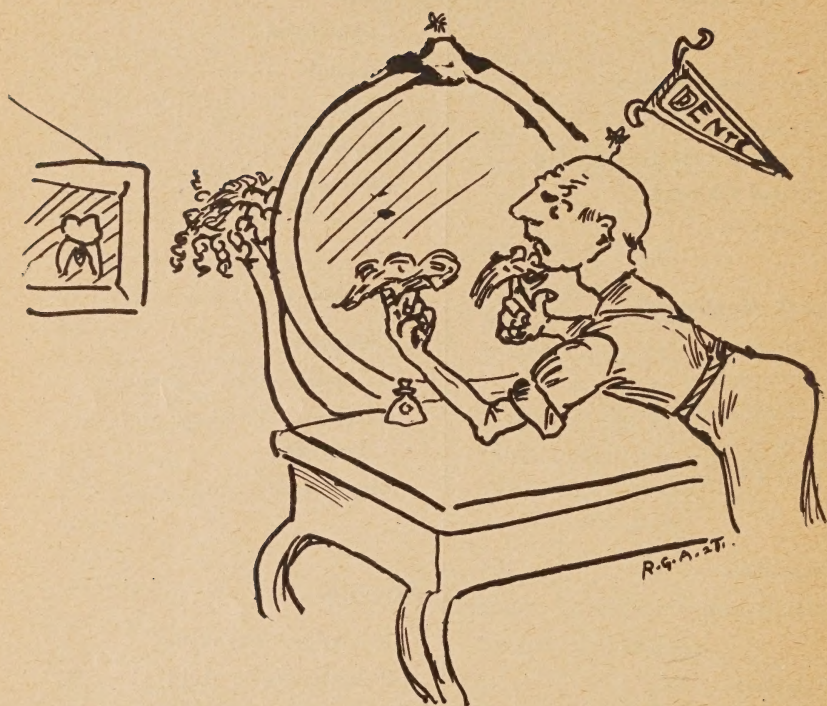
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**Thirdly and Lastly.**

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Village doctor (to the old elder, who is paying a call): "But surely, Saunders, you'll have a drop of something before you go?"

Saunders: "No, thank ye, doctor. I've three good reasons for refusing your hospitality. First, I'm chairman 'o the local temperance society; second, I'm just gae'ng tae a kirk meeting; and third, I've just had one."



### WHICH IS THE MOST "CHIC?"

There was a young man named —— ('21)  
 Whose hair in fly-paper got caught  
 'Twas good-bye to hair, right then and there,  
 And despair to our friend Mr. —o—t.

But walking down York St. one day,  
 He espied a classy toupee,  
 For \$1.69, he now calls it "mine,"  
 And feels it improves him a lot.



# THE HYA YAKA

A JOURNAL PUBLISHED MONTHLY BY THE STUDENTS OF THE ROYAL  
COLLEGE OF DENTAL SURGEONS OF ONTARIO.

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Sporting Editor—

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Toronto, November, 1918.

No. 4

## Editorials

### HOLDING OFFICE.

The first consideration of a careful student who has been made a nominee for a certain office is whether or not he should stand for election to that office. The greatest problem which will confront him will be to what extent his academic work will be interfered with. If his office will detract to any great extent from either study or laboratory work he should decline nomination and devote his entire attention to his work. If he thinks his work will not suffer and he feels that he has had some previous experience which would qualify him for that particular office, he may stand for nomination. This does not mean that only the best qualified man should run, as he may not be popular or well-known. Many men are too modest to state their abilities, or when they do state them, underestimate them, often allowing a less competent man to receive nomination.

The successful candidate should realize the importance of the obligations he has assumed and the responsibility resting upon him in the proper performance of his duty. He must remember at all times that he has been placed in that particular office by his classmates who expect him to render the best possible service. Too often the best service is not rendered on account of lack of appreciation. If the work has been well done it should receive the commendation of the professors as well as the students.



Finally in choosing a candidate consider all that he is as a man. If you think him worthy, support him. If he is elected, stand by him; show an interest in his particular work, and offer him any helpful suggestions. He will be glad to receive them.

---

The work of publishing a paper this term is even more laborious than is usually the case. Owing to the small senior year of '18 and the extra work, the paper did not get its dues. This year it is the purpose of the staff to put the paper on a sound business and literary basis. It is impossible for any staff to do this without the co-operation of the student body. Do something to help! Remember the little joke and write it down and hand in to some member of the staff.

And, further, don't neglect to notice who the advertisers are in the journal, and be sure to patronize the business men who give us their ads.

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### THE "FLU" HOLIDAY.

---

The Faculty spent a great deal of time considering the advisability of closing the College on account of the Spanish influenza epidemic, but the whole matter was settled when the following notice appeared on Wednesday morning, October 16:

"In the interests of our students and Infirmary patients, and as a preventive measure against the prevailing epidemic, this College will be closed at 6.00 p.m. to-day (16th October, 1918), until the morning of Tuesday, the 29th of October, at 8.30 a.m., and should it be deemed not advisable to reopen on the morning of the 29th, notice to that effect will be made through the daily press of Saturday, 26th instant.

This decision has been arrived at primarily as a preventive measure, and to free the physicians and nurses on the staff for service elsewhere.

Dental Infirmary patients are notified that all Infirmary appointments have been postponed for a period of two weeks."

The College remained closed as did the University until November 5, when all the faculties resumed lectures, etc.

Nearly all the students took a 'chance' in the country and quite a number report having a good time, as well as having helped with the fall work. Some also helped in caring for sick relatives.



## DENTAL SERVICES IN FRANCE.

It appears that a returned soldier made a public statement to the effect that Canadian soldiers in France were receiving inadequate dental services. This statement of the soldier's could hardly be looked upon as any special information to those who have had anything to do with returned soldiers, because in their mouths there is good evidence that dental attention is lacking. We would not have noticed the matter except that a positive denial of the published statement comes from the Militia Department at Ottawa. The Department states in its defence that there are 200 officers and 549 warrant officers, N.C.O.'s and men overseas. Further on the following information is given regarding the supply of dentists in France:

"Attached to each general hospital in France is one dental officer, one dental mechanical sergeant, and one dental orderly. The dental sergeants are all partly qualified dentists, able to handle the simpler kinds of dental operations. Each stationary hospital is equipped with a similar staff, as are all casualty clearing stations and field ambulances. Each corps laboratory has three dental officers, six sergeants and six orderlies, and at the Canadian base there is a staff of three dental officers, three dental sergeants and five orderlies."

It is too bad the total number of dentists in France, and the number of Canadian soldiers, was not mentioned, and then the lay mind could grasp the possibility of adequacy of the service. A service may be inadequate though there are sufficient officers, but if there are, say, 150,000 Canadian soldiers, and only about 40 dentists, the service could not possibly be adequate.

We notice in this official statement from Ottawa that the dental sergeants are partly qualified and capable of handling the simpler dental operations. This, of course, is expected to make up for any possible scarcity of dentists. This is the first time the Government has acknowledged or permitted the impression to go abroad that the Canadian soldiers were being served by unqualified dentists. It would appear from this statement that the hospitals are supplied with dentists, whether adequately or not a layman cannot tell. It is too bad it doesn't say how many hospitals there are, etc. From this statement there is nothing to show that there are dentists with the battalions or close behind the lines or in the trenches. One



would almost suspect that a Canadian soldier would have to get into hospital before he could be sure of dental treatment.

Below is the statement of a Canadian gunner in France which appeared in the Toronto "Telegram," Oct. 4, 1917, and lends some support to the former statement which drew the denial from the Militia Department:

"Victor Douglas Speer finished his second year in the Royal College of Dental Surgeons in the spring of 1916, and immediately enlisted in the University Battery, and on the 15th of June left Toronto for overseas.

"Some time last spring the Germans having been driven back, the boys secured a German Red Cross dug-out, in which they found among other things left behind, a complete set of dental instruments. It was evident that right on the edge of battle the enemy was busy keeping the men efficient and free from the malady of 'trench-mouth' and tooth agony. Gunner Speer at once purchased the instruments, and since then he has gained quite a reputation as a dental surgeon among the boys. Of course his work is all done without any fee or reward, save the joy of being able to relieve the comrade of untold agony, and thus add to the efficiency of his battery. His time is taken from his regular rest, and often from his hours of sleep, but that is the spirit of the army."

The dental profession and the people of Canada whose sons are in the trenches are vitally interested in this subject, and it is too bad the Department didn't make a more convincing statement. We would be only too pleased to publish in full detail the establishment and methods of organization in France. We would be glad to publish a statement from the Government which would satisfy every dentist in Canada that the Canadian soldier is getting adequate and efficient dental service in France, both inside and outside of hospital areas.

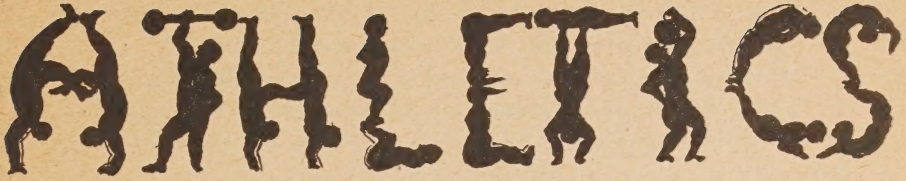
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#### BUY A BOND.

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Special dental tribunals have been formed in England. Every registered dentist up to the age of fifty-one is conscripted. The tribunal is to decide in what branch of the service he is to serve—army, navy, air service, school service. After these are supplied civil wants will come next, distributing those remaining where most needed.





## MULOCK CUP EXECUTIVE DRAWS UP SCHEDULE.

All Games Must be Played, Rain or Shine—Seven Clubs Enter.

At a meeting of the Mulock Cup executive held last evening in Hart House the schedule for the coming Mulock Cup series was drawn up. Seven Faculties have signified their intention of participating, namely, St. Mikes, Senior Meds, Dents, O.T.C., S.P.S., Junior Meds, and University College.

The Executive decided to play a double schedule this year. Last year the games were carried far past the legitimate rugby season owing to carelessness in keeping to the schedule on the part of some teams. All agreed that this condition of affairs is intolerable and it was the consensus of opinion of those present that no postponements be tolerated this year. The schedule must be strictly adhered to—rain or shine. All games are to start sharply at 4.20 p.m. and officials are to be decided on by the managers of the two teams playing that day. The game is to be played in quarters of ten minutes and eight minute halves. The following is the schedule of the Mulock Cup series for the season of 1918. Managers and captains are urged to preserve a copy for future reference.

Group I.—Sr. Meds, St. Mikes, Dents, O.T.C.

Group II.—S.P.S., Jr. Meds, University College.

### Group I.

- Oct. 17—O.T.C. and St. Mikes.
- 21—Sr. Meds and St. Mikes.
- 22—O.T.C. and Dents.
- 28—Sr. Meds and O.T.C.
- 30—Dents and St. Mikes.
- Nov. 4—Sr. Meds and Dents  
at Stadium.
- 4—St. Mikes and O. T.C.
- 12—Dents and O.T.C.
- 18—O.T.C. and Sr. Meds.

Nov. 20—St. Mikes and Dents.

25—Dents and Sr. Meds.

### Group II.

- Oct. 24—U. C. and Jr. Meds.
- Nov. 1—S.P.S. and U.C.
- 6—S.P.S. and Jr. Meds.
- 11—Jr. Meds and S.P.S.  
at Stadium.
- 14—Jr. Meds and U.C.
- 22—U.C. and S.P.S.



## THE HYA YAKA

All games are to be played at the Stadium except as otherwise stated. The final game will be played November 29th.

All teams are urgently requested to turn out to all practices.

Owing to the enforced holiday all sports and practices were cancelled, but after the re-opening of College the different teams especially the team entering the O.R.F.U., will endeavor to get in as good form as possible.

We expect great things of the soccer team, as usual, this year, and basket ball will get its attention in due season.

---

O. T. C. SING-SONG SHEET.

---

SCORE SONG.

Oh, we'll Score, Score, Score, against the R. A. YEFF,  
 Score, Score, Score, against the R. A. YEFF,  
 Then we'll score once more against the R. A. YEFF,  
 Till we win the Championship—hip, hip.

---

BUCK SONG.

You keep bucking them over,  
 And we'll keep pulling them down.  
 We'll put them under the clover,  
 Six feet under the ground,  
 Try every man,  
 No matter how tall,  
 The bigger they come,  
 The harder they fall,  
 So YOU keep bucking them over,  
 And we'll keep pulling them D-O-W-N.

---

WHAT'LL WE DO WITH HIM BOYS?

What'll we do with him boys, what'll we do?  
 What'll we doo-dee-yoo-dee-yoo-dee-do-do-do?  
 Will we get the Pearson boy?  
 Sure we will, and then, oh joy,  
 GOOD-BYE R. A. F.



What'll we do with him boys, what'll we do?  
We'll cage him up and send him to the Zoo, Zoo Zoo,  
Where the lion and giraffe,  
Can take a look at him and laugh.  
And say the O.T.C. made a monkey out of you—YIP.

---

## JUST A BABY'S PRAYER AT TWILIGHT.

Just the R. A. F. at twilight,  
When lights are low,  
Poor Pearson's years  
Are filled with tears,  
There's a colonel there at twilight,  
Who's sad to know,  
His precious little tot  
Is a footballer—NOT,  
After getting trimmed by our team,  
They wander h-o-m-e,  
No more to roam  
And then they groan,  
Oh, kindly tell our colonel (pause)  
That — he — must — take — care,  
And not let us play such big boys,  
Like the O. T. C. (pause) out T-H-E-R-E (point.)

---

## TOUCHES.

There's a touch—that makes us happy,  
There's a touch—that makes us blue,  
There's a touch—that steals away the tear drops,  
As the sunbeam steals away the dew,  
There's a touch—that has a tender meaning,  
There's a touch—to which you're always deaf,  
But the touch—that makes us cheer with gladness,  
Is the touch that beats the R. A. F.—WHEFF.

---

All is in readiness for the "big" day at the Varsity Stadium except the weather. There has been no lack of "dope" in the C.O. T.C.-R.A.F., and interest has multiplied as the contest drew nearer.



But that period is all over and the game is in waiting. Neither team is worried. When such is the case a real red hot contest is looked for. Yet somebody will worry before the day is done. The C.O.T.C. would not care to have the humiliation of allowing a fourteen, half of whom are yankees, to walk over them. With a goodly assortment of deceptive plays, the sky travelers will have to have their eyes wide open. If they don't they will find the pigskin behind their goal posts on several occasions. Cleghorn and Delaney, the latter a former Harvard star, will come in for a big share of the watching. The McGill and U. of T. war cries have been adopted, and with these sounds flooding the air, there should be many pleasant reminiscences.

---

#### O. T. C. LINE-UP.

Backs—Brown, Dack, Lockhart, Nichol, Martin, Munro.

Centre—Dunne.

Scrimmage—Hyde, Mildman, Quarry.

Insides—Marsters, Richardson, Wilson.

Middles—Gordon, Kischel, Parkinson, Trow.

Outsides—Allen, Lindala, McAllister, Ridley.

Flying Wing—Hardaker.

---

#### When You Motor in Boston.

The motorist was a stranger in Boston's streets. It was evening. A man approached.

"Sir" said he, "your beacon has ceased its functions."

"What?" gasped the astonished driver.

"Your illuminator, I say, is shrouded in unmitigated oblivion."

"I don't quite——"

"The effulgence of your irradiator has evanesced."

"My dear fellow, I——"

"The transversal ether oscilations in your incandenser have been discontinued."

Just then a little newsboy came over and said:

"Say, mister, yer lamp's out!"



## Obituary

---

### LT. J. G. ROBERTS KILLED IN ACTION.

---

On August 11th, three days after the beginning of the great offensive around Arras, Lt. J. G. Roberts met death leading his men to victory. The dental profession and Canada have lost a young man of rare talents, quiet, unassuming, courageous, of high ideals and lofty thoughts. A young man filled with the responsibilities of citizenship.

Lt. J. G. Roberts was born in Brampton, the son of Dr. J. G. Roberts, so long and so favorably known to the dental profession of Ontario. When Lt. Roberts entered the Dental College, some years ago, he did not at once become prominent among his class mates, because of his unusually quiet and retiring nature, but as months went on he was noticed to have about him the best fellows of the College, and when the day of graduation came he was commonly spoken of as the best fellow in every way of the hundreds of students present.

Immediately after graduation, Lt. Roberts joined the C.A.D.C. as a sergeant, under then Lt. Geo. Gow, now Lt.-Col. Gow. Being a graduate, Sgt. Roberts was soon entitled to a commission, but inasmuch as he had signed up to go with Col. Gow as a sergeant, nothing would dissuade him from living up to his undertaking. He was attached to No. 4 Toronto Hospital, where he saw service for two years in Salonica, returning to England with the hospital, having been promoted first to Lieutenant and later to Captain. After serving in the C.A.D.C. for over two years he determined to join the combatant forces. For this purpose he reverted to Lieutenant, to take a course in England and joined the 78th Battalion in whose ranks he was fighting when he fell.

### DEATH OF J. BLATZ.

---

It was September 23rd, and once again in the halls and corridors of R.C.D.S. the boys of 271 were gathering. Almost incessantly the doors of the main entrance would swing back to admit another happy-faced sophomore, the joyous ring in whose voice betokened very clearly how glad he was to be back.

The boys were happy, doubly so, because of the return of so



goodly a number of their fellows. It was amid the first hour of this pleasant reunion that the deep cloud of sorrow settled heavily upon them; the angel of death had spread his dark wings and one of their number would not be with them.

But a few days before, Jacob Blatz had left his home in Plum Coulee, Manitoba, and arriving in Toronto had taken temporary lodgings in the Empire Hotel, Yonge St. As he retired Sunday night, no doubt the year at college upon which he was just to enter, looked very promising, and as in response to nature's demand his weary eyelids closed, they failed to shut from his mind's eye the rosy tints of happiness and success arborizing throughout his future.

Over the head of our late friend was a combination gas and electric fixture. In some unknown manner, possibly while reaching for the electric to ascertain the time, the gas was turned slightly on, and when this was discovered the following noon, Mr. Blatz was unconscious and had inhaled a fatal portion of the poison.

At the General Hospital, to which Mr. Blatz was taken, everything possible was done, even to the performance of a transfusion operation, in which a dental student, Mr. J. C. McLaurin, of the senior year, gave 16 ounces of blood. For a time our late class mate seemed to rally, but soon the pulse grew weaker and he passed peacefully away at 4.05 o'clock Tuesday morning.

Previous to the shipment home of the remains, a quiet but very impressive service was held in the Miles' undertaking parlors, College street, where Dean Webster, Dr. Thornton, and the students gathered to show their deep respect and sorrow that so promising a life had been cut off just upon the threshold of manhood.

Mr. Blatz was a young man 26 years old, and highly respected among the many friends he had made during his year at R.C.D.S. To his bereaved parents and the family we extend our deepest sympathy. Arrangements were made for the forwarding from Winnipeg of a beautiful floral tribute.

The president of the year, 2T1, has received a letter from Mr. Jacob Blatz, thanking him, the school and the faculty for their kindness in this sad trouble, and expressing very complete satisfaction with all that was done.

---

SMITH—At 536 Brunswick Ave., Toronto, October 23rd, 1918, Private Harold Egerton Smith, Canadian Army Dental Corps, of pneumonia, in his twenty-third year, formerly of the Staff of the Imperial Bank.



## Notes and Comments

If we are to continue publishing the "Hya Yaka" it must be a financial as well as a literary success. You may not have the time or the inclination to write for the "Hya Yaka" but you buy dental supplies, text books, athletic goods, etc., etc. Contribute to the success of the Hya Yaka by dealing with our advertisers only.

---

Father—One who is forever standing with reluctant feet where bills and payments meet.

---

Freshies coming out after a lecture in chemistry. "Did you see Thomas Scowling (Dr. Cowling)." .

---

Did you ever hear the story of the three wells?

YOU HAVEN'T!

Well, well, well.

---

The students of the R.C.D.S. are of the general opinion that the hammering, etc., that has been going on for the last few days should be like "soup," seen and not heard.

---

"He certainly is close. I've never known him to go to a show unless he got in on a pass."

"Thompson claims to be a close student of the modern drama."

---

Rumor has it that Roberts, '21, has openly defied the food controller. The other afternoon upon visiting the dissection lab. for the first time he abandoned a perfectly good dinner.

---

"I met James coming from the dentist's this morning, and from what he said I can't tell whether he got scared or had the dentist go through with it." "What did he say?" "Said he lost his nerve."



Everything was ready for kit inspection, the recruits stood lined up ready for the officer, and the officer had his bad temper all complete. He stalked down the line, eyeing grimly each man's bundle of needles and soft soap, and then he singled out Private Mactootle as the man who was to receive his welcome attentions. "Toothbrush," he roared, "Yes, sir." "Razor." Yes, sir." "Hold-all." "Yes, sir." "H'm! You're all right, apparently," growled the officer, then he barked: "Housewife?" "Oh, very well, thank ye," returned the recruit, amiably, "how's yours."

---

Drewbrook, '19— Did you see Anna- tomical meet Art- tication in the Prosthetic Lak?

---

Griffin, '20—"There goes a man noted for his finished sentences."

Lapp, '20—"Is he a novelist?"

Griffin—"No, an ex-convict."

---

Prof. Lancaster—"Now, gentlemen, there is only one Ethyl Chloride (loud applause).

Prof. L.—(Long pause, then beam of light)—Oh! yes, gentlemen, there is always only one."

---

Dr. Robinson—"What! have you forgotten your dissection guide again? What would you think of a soldier going to war without a gun.

Snell, '21—"I'd think he was an officer."

---

Anderson, '21—"Say, Broadworth, I saw you with May last night. You ought to know better than to go with such old girls."

Broadworth, '21—"She's not old, only 19."

Anderson—"Get out; she's 21."

Broadworth—"Well I saw in their family bible that she was only 19 and you can't scratch that out."

Anderson—"Well, just to prove that she is 21, I have known her ever since she was a baby, and I know she had the seven years' itch three times and  $3 \times 7 = 21$ , and you can't scratch that out either."



Prof. to McQueen—"Name an oxide."

McQueen, '20—"Leather."

Prof.—"What? Is leather oxide?"

McQueen—"Oxide of beef."

---

Can Clarence compose clever comics, containing cuteness, clean comedy, clear-cut, classical couplings, cheering chatter? Clarence can.

Could cold-hearted, college-bred critics comfort Clarence, compounding certain contemptible charlatans? Considerate censoring censors certainly could. Consequently, Clarence contributes carefully compounded compositions, coveting commendations combining cash considerations. Clarence's credit crumbling creates cussedness. Clarence consumes corn, cabbage, chicken, carp, catfish, cucumbers, celery, carrots, cauliflower, currants, cherries, cantaloupes, chestnuts, cocoanuts, coffee, cheese, crackers, cloves, chocolate, candy, clams, clabber, cream, crullers, cigars, cigarettes, caramels, cake, crabs, costing considerable currency.

Cannonading creditors cause Clarence consternation. Contemptingly, Clarence concludes censoring critics can comprehend circumstances. Clarence confronts critics, crying: "Cough. Coin can cure Clarence's crippled credit."

Considerable conversation commences. Critics consult cashier. Conversation continues. Critic convinces cashier. Consequently Clarence cashes check carrying cashier's cognomen.

---

## THE REAL CAUSE.

By William Sanford.

---

I WINKED,

And she pretended  
To be offended.  
But she was not really angry  
Until she learned  
That the wink was intended  
For a girl behind her !



## PEACE.

## I.

Swift as the night, with cruel hate  
Sudden the foe stood at the gate;  
Belgium one moment barred the way  
Then prostrate foully trampled lay;  
Lo, through the breach incessant pour  
The Terror and the Pride of War,  
As ocean bursting on the land  
Resistlessly. Who may withstand?

## II.

They say at Mons high in the air  
Men saw strange forms, knew who they were—  
St. George and all his legions came  
To save his Englishmen from shame.  
Believe or scoff. No human might  
Foil'd the first fury of their spite.  
To God give glory for the day  
When France pursues and Britons slay;  
Let future ages long proclaim  
Joffre and the Marne, God's shield of flame.

## III.

Close dammed, the cruel surging flood  
Swept backward in a sea of blood.  
Russia in shuddering horror passed  
Like last year's leaves before the blast.



Rouman and Serb like terror knew,  
And with each month fresh horror grew.  
Armenia ravish'd, Belgium spoiled,  
Weakness oppressed, white virtue soiled.  
The prisoner's groan, the captive's sigh,  
Dimmed the starr'd splendor of the sky.  
Oh, not again so bright our joys!  
Rememb'ring Serbia's martyr'd boys,  
And Tigris rolling down his bed  
Red remnants of Armenia's dead,  
Upbubbling cries to spare and save  
To foes more callous than the grave;  
And murder raining from the sky  
When innocent and helpless die—  
These are the horrors of these years,  
And fears unnumbered, bitterest tears  
For young lives lost, save their renown,  
Fair flowers, rude War has trampled down.

## IV.

And as a man close drawn to death  
Lives once again, draws deeper breath,  
And heart and soul together raise  
Full tide of gratitude and praise,  
So now, these fearful perils o'er,  
Praise be to God for evermore!  
For the sure shield of Britain's fleet,  
Falkland and Jutland, the defeat  
Of all for which they used to pray  
So madly when they named "The Day."  
For hero-leaders of heroic men,  
Wisdom in council, sword and pen;  
Whose was the task through days of gloom  
To build the destined work of doom.  
For him who first stood strong to save

## THE HYA YAKA

Rock-firm 'mid every faction's wave;  
O warrior name, Lord of Khartoum,  
All ocean be thy only tomb!  
For that new Richard who again  
Pursues the flying Saracen;  
For final end of foul misrule,  
The Cross triumphant in Stamboul,  
For faltering foe and swift retreat,  
For Haig's last triumphs, now complete,  
No heathen boastings we repeat.  
Let other lips in other days  
Pronounce the final word of praise.

## V.

Sweet after rain the new-mown hay;  
After the dark how bright the day.  
Ocean already seems afar  
To those who cross the harbor bar;  
Departing thunder scarce is heard  
Above the fluting of the bird;  
How dear when distant travelers roam  
The hearthstone and the joys of home;  
Laid in deep death, each sweet sense sealed,  
What rapture when new life's revealed!  
Cease, for no image can increase  
The welcome that we give to Peace.

Toronto.

PERCY J. ROBINSON.

---

One Fifty Dollar Victory Bond Will

Pay Canada's war bill for 4 seconds, or, one soldier for 40 days,  
or feed one soldier for  $3\frac{1}{2}$  months, or, 100 soldiers for 40 days, or,  
buy 10 gas masks, or 10 bayonets and scabbards, or 1,400 rifle cart-  
ridges, or 100 hand grenades, or 50, 37 mm. shells, or 10 pairs of  
soldiers' boots, or 50 pair of soldiers' socks.



## Locals

---

Dentists should always keep in mind that radium is effective in treating malignant lesions of the mouth.

Lieuts. Lanty and Philips paid the College a short visit. They are being transferred from Niagara to Exhibition camp.

Among the graduates of the last few years who are on the demonstrating staff this year are Drs. 'Chief' Leggett, J. White and T. Ingram.

Wendell Holmes and J. H. Herrington have returned to College after a few years' absence and are continuing their course in the Junior Year.

Miss Harron was absent for a few days on account of the death of her sister. We extend our deepest sympathy to her and relatives in this time of bereavement.

Dr. W. E. Willmott is spending a couple of weeks attending a convention in Hamilton. The Seniors welcome his return as his supply system beats the world.

Dr. John Campbell, a graduate of Royal College of Dental Surgeons, has been recently appointed lecturer in crown and bridge work, Glasgow, Scotland, Dental Hospital and School.

Miss Durkey who was on the office staff of the College two years ago is back with us again, and her patience seems to have assumed a real healthy condition during the holiday from such strenuous work.

From year to year there are some slight changes made in and around the College. The chief one this year is the inconspicuous

little notices, enclosed by neat frames, which are so plentiful in all parts of the buildings.

We are pleased to welcome so many of our boys back from overseas. Among those who have been absent for some time are 'Stew' Holmes, and Murray McLeod, who entered in '15, also Messrs. Hart and Levesque who enlisted in March, 1918.

The Spanish "Flu" has been working havoc among the students this last two weeks, J. C. MacLaurin has been serving his term in the General Hospital, while Harold Saunders is sojourning in the Base Hospital. Last reports state both are doing well. Among others who have been indisposed are D. Ferguson, C. Moyer, G. Shannon, M. Lamey, and Pickard.

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### AS IT WAS IN THE BEGINNING.

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In the far-off Eden days man was new to female ways. When our  
mother trod the earth clad in a smile  
Poor old Adam and his madam did not hurry, much less worry, for  
there really was not anything worth while;  
And the later female passion relative to dress and fashion had not  
touched the higher genius of to-day.  
Monsieur Paquin, also Worth, were far distant from this earth, and  
fig-leaf for a model held full sway.  
When they needed any raiment, neither proffered any payment, but  
just called it from the nearest bush.  
They had no "white goods" sales to harass any males, and the bar-  
gain counter had no serious rush.  
It attracted no attention, nor called for special mention, did this  
pastoral in simple negligee;



So they wandered hand in hand in this sunny eastern land till the serpent took the star part in the play.

Was he out for trouble gunning, or was it simply cunning that induced the bally snake to spill the beans?

Well, be it as it may, it came to pass one day that his eye lit on our mother—minus jeans.

And he whispered through the bushes as she journeyed 'mong the the rushes, to gaze into the mirror of the lake.

"Your pardon, Mistress Adam; would you care to try this madam?  
It's an apple I've imported for your sake."

And our mother, luckless wight, went and took a fatal bite, and it left us with a heritage of woes.

Here's the problem you can grapple: Why on earth a bally apple?  
What the dickens had it got to do with clothes?

After Eve had taken half, Adam whispered with a laugh, "You may take a bite for hubby if you will."

Then old Adam played the game (we should all have done the same), and the trouble that he met is with us still.

Let us journey from those pages, adown to modern ages, and you find the same old passion still in vogue.

All the fashion books of note, your wife knows them all by rote, and your check book still supplies the epilogue.

To the mere male it's a bet: the more you pay, the less you get, and your eye can see "my lady" at a glance;

For a waist of crepe de Chine does not hide or, much less, screen, and they lead you to a pretty merry dance.

It matters not the weather in this age of "altogether." She's a "close-up" in the movie game we play.

As the poet said 'tis distance, yet the line of least resistance is the one by which she holds eternal sway.

But there's one thing it has done: the Game is over e'er begun in this problem of the wearing of "the less";

For the point is driven home, when the streets you idly roam, that there's nothing in their figures left to guess.



### ARMY DENTIST ON WHEELS.

---

The old saying was that an army travels on its stomach. So it does; but it cannot travel far without good teeth.

That the fighting man's teeth shall be in good condition (in order that he may properly masticate his food) is now recognized as one of the most important things to be considered in the conduct of military operations.

Hence the "dental ambulance," which is an entirely new thing in warfare. It is a dentist's office (or workshop) on wheels—an automobile specially built to contain such an outfit, which is thereby rendered readily transportable.

The British originated the idea. They have one such perambulating dentist's office for each division (15,000 or 20,000 men) of troops. The United States Department proposes to put into the field a dental ambulance for every regiment.

The dental ambulance is a marvel of compact completeness. Though occupying only the space available in the covered body of an ordinary automobile, it is better equipped than nine out of ten ordinary dental offices.

#### All the Necessaries.

It has the customary operating chair, a wall-case with many drawers for instruments, tanks of "laughing-gas," acetylene lamps for illumination, an oil stove, hot and cold water, a water tank (cylindrical at the forward end) and all the other necessities.

But this description affords only an imperfect notion of the conveniences available. Attached to the sides of the vehicle and folding compactly up against it when not in use, are two arrangements of khaki canvas that, when wanted, expand into pen-roofed wall-tents, each of them equal in size to the quarters available inside the automobile body.

Thus, in a few minutes, the covered space available can be multiplied by three. One of the tents is meant to afford sleeping accommodations for the dentist and his assistant; the other is available as a supplementary dental operating room.

All the equipments for the latter are stowed while traveling from place to place, in the front end of the automobile. They are made so as to be collapsible. The operating chair collapses; the little engine folds up. From about three cubic feet of space (in the



motor car) are taken and expanded all the essentials of a dental office.

### Expands into Three Rooms.

Accordingly, when the two tents have been thrown out at the sides the whole affair has the aspect of three substantial buildings, with a second operating room in one wing and a dormitory in the other. For the chauffeur his seat up in front of the vehicle is so contrived as to be readily convertible into a comfortable bed if desired, and his couch can be made weather-proof by a mere shutting of glass doors and windows.

It is perhaps worth while to add that one of the appurtenances of the dental ambulance is a small bookcase containing a few standard and encyclopedic works on dentistry, for ready reference. Also that the car, when stationary, is made perfectly level and immovable by putting one or two "jacks" under its corners. At the same time a flight of three adjustable steps is let down from the rear end, up which soldier patients may conveniently walk to enter the dentist's office.

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### Married For Forty Cents

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A story came from Hamilton of a clergyman marrying a couple and being handed a fee of forty cents, mostly in coppers, the case is not unnaturally spoken of as a "record." Not so, however. The Rev. Neil Campbell, of Oro, tells of marrying a couple and after the ceremony receiving from the groom (there being no groomsmen) an envelope which, on being opened some time later, was found to contain only a slip of paper and on it written the pious invocation, "Pray for us!" In telling the story, Mr. Campbell is not in the habit of confessing what action he was moved to, but it must be admitted that the incident was a severe test of the good man's piety, and no reasonable man would feel like asking him how long it took him to reach a really Christian frame of mind.—Orillia Packet.

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She met him in the darkened hall. Said he, "I have brought some roses." The answer seemed irrelevant—It was, "How cold your nose is."



**BARBER—ISM.**

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In Walkerton a hair-cut under the new prices costs only a quarter. In some towns where the price has advanced to 35 and 50 cents there has been some kicking; and a writer in a Hartford, Conn. paper is prompted to make a suggestion that barbers' charges should be based on time consumed instead of a flat rate for each job.

The suggestion is sensible; and the closer one examines it, the more sensible it appears. As things at present, a hair-cut is a hair-cut. It does not matter whether the subject—patient—victim—or whatever else you may call him—anyhow, the fellow getting the hair-cut has a mop like a modern Absalom or a Buffalo Bill, or only a sparce fringe around his ears and the neck. It's a hair-cut whether it takes five minutes or twenty-five; and the charge is the same. True, the man with the fringe may feel flattered at being charged as much as the chap with the hyacinthine locks; but it does not look right to the casual observer that the barber should get no more for the one than the other.

Same with shaves. One chap wants to be gone all over—chin, cheeks and upper lip—while another may wear side-burns and a moustache. Or, A. may have a beard like a wire, guaranteed to put any razor out of commission, while B's may be soft. Yet A. and B. pay the same.

It isn't fair, now is it? Why couldn't it be worked on a time basis—let the customer buy so much time, and have the say as to how it should be used.

We have not consulted the barbers. They may figure that every shave or hair-cut works out about the same, that it takes about as much time and trouble to find something to work on on the bald head or the downy chin as to lop off the Buffalo Bill mop or the wire beard. But even if that be the case they are entitled to something for the extra wear and tear on tools. It's worth considering, anyhow.

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Pat had resumed his old duties, those of railway porter, after being at the front nearly three years. He was asked by a traveller if he noticed many changes at Christmas-time. Pat replied, "Sure, an' Oi do sorr. Most of the men on the station are now women, the eleven train starts at twilve, the express doesn't shtop at all and there's no lasht train."



## INFLUENZA.

In these days of influenzas, when our noses play Cadenzas,  
It's hard to know sometimes just what to do;  
For it seems that this bacillus has in its mind to kill us,  
And everywhere they say—"Have you had the flu."

Now in our own home city it seems to me a pity,  
That more are not contracting this disease,  
It won't be to your credit, if you do not help to spread it,  
So for ways to do it have an ear to these.

If you get it don't stay in but go everywhere you can,  
To the movies that will only cost a dime;  
And every time you cough, a million germs are off,  
And you give it to a dozen at a time.

Keep your windows closed at nights, they should be so by rights,  
And live on air that's stale and breakfast foods,  
Macaroni and bologna help to get a pine kimona;  
As your relatives start scrapping 'bout your goods.

I do not want to say that everyone's this way;  
For no one really wants this dreadful flu,  
But take this with a smile and think it o'er a while,  
And see if it in ways applies to you.

—C. B. W. '21.

## FRESHMEN RECEPTION

Every Dental freshman should attend the Reception on Wednesday night at 7.45 which is especially for the new students. A fine programme has been arranged and music together with "eats" will complete a fine evening's entertainment. The Dental "Y" and every Dental society extend a very cordial invitation to each and every frosh. **Be there.**



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**Dancing**—Early, Prof. S. M., 78 St. Albans St.

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Dental Co. of Canada, 229 College St.

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Ingram & Bell, 256 McCaul St.

National Dental Co., 10-12 St Patrick St.

Temple-Pattison Co., Ltd., 243 College St.

White, S. S. Dental Mfg. Co., College St.

### Drugs—

Ferrier, Geo. W., 233 College St.

Parke, Davis & Co.

**Photographers**—Farmer Bros., Ltd., 492 Spadina Ave.

**Printers**—Haynes Press, 502 Yonge St.

**Restaurants**—Rose Cafe, cor. College and Spadina Ave.

### Sporting Goods—

Brotherton, John, 578 Yonge St.

McBride, Percy A., 343-5 Yonge St.

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Professor Lancaster—"Who can give me a definition for water."

Ambitious Soph.—"Water is a colorless liquid that turns black  
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Do you take pride in your "Hya Yaka?"

I'm sure you do!

Do you know who pays for most of it?

Well then reciprocate, give them and them only your trade.

There is a fellow down town who's got a few dozen tin burrs,  
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knows too much to buy his stuff, and yet, he doesn't think it worth  
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